



Elland Urban District Council



Annual Report

of the

Public Health Services

of the Elland Urban District,

1951.

FRANK APPLETON, M.B., Ch.B., D.P.H.,
Medical Officer of Health.



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Elland Urban District Council

Health Committee

(As at 31st December, 1951).

Chairman of the Council :

Councillor W. WHITWORTH, J.P.

Chairman :

Councillor CARR.

Vice-Chairman :

Councillor (Mrs.) PILLING.

Councillor	BARRON,	Councillor	MORTON,
,,	BEAUMONT,	,,	POGSON,
,,	BINNS,	,,	SHARPE,
,,	BROOK,	,,	TATTERSALL,
,,	COCKROFT, C.C.	,,	THORPE, M.A.,
,,	CROSSLEY,	,,	A. WALKER, J.P.
,,	GODDARD,	,,	T. WALKER,
,,	HORSFIELD,	,,	WARD,
,,	JAMES, J.P.,	,,	WHITELEY,
,,	LANE,	,,	WHITWORTH, J.P.
,,	LUMB,	,,	WILSON, J.P.,
,,	McBURNEY,	,,	WOLFENDEN.
,,	MITCHELL,		

HEALTH SUB-COMMITTEE :

Councillor CARR (Chairman),

Councillor (Mrs.) PILLING (Vice-Chairman),

Councillor	BINNS,	Councillor	TATTERSALL,
,,	McBURNEY,	,,	A. WALKER, J.P.
,,	MORTON,	,,	T. WALKER.
,,	SHARPE,		

Health Department

PUBLIC HEALTH OFFICERS.

Medical Officer of Health :

F. APPLETON, M.B., Ch.B., D.P.H. Also Divisional
Medical Officer.

Deputy Medical Officer of Health :

Mrs. A. MARSHALL, M.B., Ch.B.

Assistant Medical Officers :

*F. CLEGG, M.B., Ch.B.

Miss J. K. HARDY, M.B., Ch.B.

Orthopaedic Surgeon :

**W. BARCLAY, M.C., F.R.C.S.

Ophthalmic Surgeons :

**R. W. GREATOREX, M.B., Ch.B.

**P. M. WOOD, M.B., Ch.B., D.O.M.S., F.R.C.P.

Dental Officer :

J. TODD, L.D.S.

Sanitary Inspectors :

A. D. JACKSON, M.R.San.I.

N. SYKES, M.R.San.I.

R. CROSSLEY, A.R.San.I.

Health Visitors :

Miss E. CRAVEN, S.R.N., S.C.M. (Retired 17th March,
1951).

Miss M. GIBBON, S.R.N., S.C.M.

Miss W. WADSWORTH, S.R.N., S.C.M., S.R.F.N.
(Appointed 1st July, 1951).

Assistant Health Visitors :

Mrs. M. ARMITAGE, S.R.N.

Mrs. I. HEPWORTH, S.R.N., S.C.M., S.R.F.N.

*Mrs. D. A. F. HOLDSWORTH, Enrolled Assistant Nurse.

Municipal Midwife :

Mrs. I. HOOPER, S.R.N., S.C.M.

Home Nurse—Midwife :

Miss M. E. RAWSON, S.R.N., S.C.M.

Home Nurses :

Miss A. CARTER, S.R.N., S.C.M.

Mrs. A. K. MILLS, S.R.N., S.C.M.

Mental Health Social Worker :

Miss E. C. WROE, S.R.N., S.C.M., R.M.N., Health Visitor's
Certificate.

Clerk :

K. RAMSDEN.

Divisional County Ambulance Service Depot Superintendent :

W. ANDERSON.

*Part time.

**Part time by arrangement with the Regional Hospital Board.

TO THE CHAIRMAN AND MEMBERS OF THE ELLAND URBAN DISTRICT COUNCIL.

Mr. Chairman, Madam and Gentlemen,

I have the honour to present my Annual Report for 1951 on the health of this town.

Much of this Report is an account of the personal health services which are carried out on a Divisional basis for the West Riding County Council and for which the Elland Urban District Council is not directly responsible. It is, however, in my opinion, impossible to separate the work of environmental and personal health. We in this Department are not responsible for the individual health of every member of the community but we are responsible for the community health of this district. This Report is a study of the factors which make for the amelioration or deterioration of the health of the community. Every community, however, consists of individuals, and community health is a summation of individual health. The environment of the individual not only depends upon the house, the street, the district and the town in which he lives, but on the people who live with him in his house, street or town, and to obtain a true picture of environmental health the services for which the County Council are responsible as the Local Health Authority, should not be overlooked.

We have been particularly concerned with the weakest members of the community and much of our work has been with the very young and with the very old. A new and widening sphere of work has been our concern with the mentally ill.

This Department forms a link with the hospitals, the general practitioners, the domiciliary nursing services, and with the Council officials and staff. The general medical practitioners in this district have continued to co-operate with this Department and I again record our thanks to them for their unfailing help and courtesy. The officials of the Council have been able to afford us generous help and once again the Health Visitors and other officials of the County Council have had great help from the officials of the Urban District Council.

The year 1951 has not been an exceptional one. Once again our infantile mortality rate has continued to improve, and during the four years of Divisional Administration this rate has been the lowest in the history of the town. Our figures year by year are small ; for instance this year there have only been five infant deaths, and one more death would have made a considerable difference to the rate, but it is considered that the continuing low rate is more than coincidental and is of statistical significance.

The birth rate is 3.49 below the rate for the average small town and has gone down six per thousand since 1947. The death rate is slightly higher than that for the Country as a whole. It will be seen that there were 277 deaths and only 252 births. The population has still not reached twenty thousand and this year the Registrar General's estimate is 400 lower than for last year. The fall in textile employment recorded at the end of the year will probably have an adverse effect on potential new entrants to the town, and with the present low birth rate it is likely that the fall in the population will continue.

Last year I stressed the importance of domestic sources in the general smoke nuisance which we know exerts a heavy toll in this community in the form of respiratory diseases and general ill health. There is, I am glad to say, an increasing tendency to install grates which give a more complete combustion. This has occurred principally because of the shortage and increased expense of coal and not because people have become smoke conscious. During holiday week, when the mills are closed and many families are away on holiday, our records show a considerable decrease in the smoke nuisance. There are still no signs of the old coal fire being replaced by cleaner forms of heating and I am afraid that we cannot expect any great progress in this direction. The use of smokeless fuel and the provision of improved grates appears to be our best hope for the elimination of the domestic smoke nuisance.

Already we have had very good and helpful co-operation from the mills and factories since we started taking smoke observations and it is considered that this aspect of public health work, like so many which are apparently unproductive, is bearing fruit. Progress is much slower, however, than we should like. In the Sanitary Inspector's section of the Report detailed results of smoke observations are given and I recommend every member of the Council to study these. It is only when people generally become aware of the problem that we can hope to achieve its elimination.

The report on environmental hygiene is again published as a separate report by the Chief Sanitary Inspector. The municipal dust bin scheme inaugurated in 1950 has materially improved the conditions in this town and has eliminated a great deal of fly breeding and diminished the risk of fly borne diseases. It has also resulted in a saving of time in the work of the refuse collectors. The increased amount of paper salvaged has also reduced the space occupied at the tips and we welcome these new measures.

Good progress was made in the conversion scheme and 50 pail closets have been eliminated during the year.

The steady, painstaking and unobtrusive work of the Chief Sanitary Inspector and his staff, which like so much of the preventive health service is unspectacular, is gradually producing a long required revolution in the conditions of this town.

Much attention has been given to premises for the preparation and sale of food and the new Model Byelaws have been of assistance.

We have been strengthened in our work by the provisions of the County General Powers Act.

1951 was a good year for housing and more houses were actually completed than in any other post-war year. I am quite sure that the policy of this Council, in erecting as many houses as they are able to do, is the correct one, and I am glad to be able to pay tribute to the considerable thought and energy devoted by the Chairman, members and officials of the Housing Committee to this problem. It is still my belief that the most important preventive health service this Council undertakes is that of the re-housing of the people, and it must be our endeavour to provide in the shortest possible time good houses for the children who are to become the future men and women of this town. The importance of a satisfactory house in the prevention of both mental and physical ill health cannot be over estimated, and I believe that the subsidy, like so many preventive measures, is probably cheaper to the community than the cost of treatment of the illness it prevents. The effect of good housing is immeasurable. The effect of bad housing causes us a great deal of anxiety, but this anxiety is small compared with that experienced daily by the housewife. It is impossible to realise the difficulties she has to overcome in coping with a family in crowded, airless surroundings, without proper conveniences. Washing days particularly are a nightmare. Often the young mother has increased difficulties due to the friction inevitably occasioned by two women sharing the same kitchen. It is our earnest hope that the work of the Housing Committee will continue unabated. Already many families have removed to better surroundings and already we can see the improvement that has been occasioned. Housing must remain in the forefront of the social services.

We hope too that very shortly the Government will consider some scheme for the mitigation of the hardship that undoubtedly exists for the owner of houses which are let at pre-war rents, but for the repair of which he has to pay post-war prices. Good, substantial houses which have been previously well maintained are now passing into increasing disrepair, and although the standard of living demanded is rightly higher than that asked for in the past, it is unfair that one section of the community should be penalised in this way.

We look forward to the day when the Council are again building houses to re-house tenants from houses condemned under the Housing Acts. Some of the tenants from these sub-standard houses may not be considered to be the most desirable, but many of them have no chance of improvement in their present conditions, and if the children are to become useful and self-respecting citizens their early re-housing is essential.

The Report this year is issued under a cloud. Mr. W. Carr, who has been Chairman of the Health Committee for many years, unfortunately died early in 1952 after a long illness bravely borne. We shall miss him in this town but his memory will remain in his work, that we were able to share, for the betterment of the conditions of the people of the town.

In conclusion I should like to thank you, Mr. Chairman, Madam and Gentlemen for your unfailing courtesy and help during the year. To my colleague the Clerk of the Council and the other Chief Officials I should like to record my gratitude for their continued kindness and co-operation. Without the help of the staff of the Public Health Department this Report would never have been written, and still more important, the work would never have been carried out. Their unfailing energy, cheerfulness and co-operation has been maintained throughout the year, and I am sure that together, despite disappointments, much has been accomplished.

Preventive medicine is not static and an ever-widening field opens before us, but with their help and your support we shall go forward confidently.

I have the honour to be, Mr. Chairman, Madam and Gentlemen,

Your obedient servant,

FRANK APPLETON,

Medical Officer of Health.

August, 1952.

ADOPTIVE ACTS, BYE-LAWS, ETC.

Cleansing of Footways—1892.

Scavenging—1892.

Prevention of Nuisances—1892.

Common Lodging Houses—1892.

Slaughterhouses—1892.

Smoke Abatement—1931.

New Streets—1931.

Building Bye-Laws—1939.

Handling and Wrapping of Food—1950.

Annual Report of the Medical Officer of Health

FOR THE YEAR 1951.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

AREA (in Acres)	5,951
POPULATION : Census 1947 (Est.)	19,070
AVERAGE NUMBER OF PERSONS PER ACRE ...	3.20
NUMBER OF INHABITED HOUSES	6,998
AVERAGE NUMBER OF INHABITED HOUSES PER ACRE	1.18
AVERAGE NUMBER OF PERSONS PER HOUSE ...	2.72
RATEABLE VALUE	£97,381
PRODUCT OF A PENNY RATE	£372 18s. 4d.

The Manager of the Elland Employment Exchange has kindly informed me that the number of persons drawing unemployment benefit in Elland at the end of 1951 was 68 men and 82 women. Fortunately, most of these were employed part time, the number wholly unemployed being 8 men and 4 women.

The short time workers were employed in the Textile Industry, mainly in the woollen section of the trade.

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR.

Live Births—

					M.	F.	Totals
Legitimate	...	...	...	...	114	126	240
Illegitimate	...	...	...	...	8	4	12
Total	...	...	...	...	122	130	252

Live Birth Rate : 13.21 per 1,000 of estimated resident population.

Still Births—

					M.	F.	Totals
Legitimate	...	...	...	...	5	4	9
Illegitimate	...	...	...	...	—	—	—
Totals	...	...	...	...	5	4	9

Still Birth Rate per 1,000 total (live and still) births : 34.48.

Deaths—

M.	F.	Totals
132	145	277

Crude Death Rate 14.52 per 1,000 of estimated resident population.

Adjusted Death Rate 13.21 per 1,000 of estimated resident population.

Deaths following Childbirth—

	Deaths.	Rate per 1,000 total (live & still) births.
Puerperal Sepsis	—	—
Other Maternal Causes	2	7.66
Total	2	7.66

Death Rate of Infants under one year of age—

All Infants per 1,000 live births	...	...	...	19.84
Legitimate Infants per 1,000 legitimate live births	...	...	...	12.5
Illegitimate Infants per 1,000 illegitimate live birth	...	...	...	16.7

Deaths from Diseases of the Heart & Circulation (all ages) 103

Deaths from Cancer (all ages) ... 32

Deaths from Measles (all ages) ... —

Deaths from Whooping Cough (all ages) ... —

TABLE 1.

BIRTH RATES, CIVILIAN DEATH RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY and CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1951

for England and Wales, London, 126 Great Towns, 148 Smaller Towns and Elland.

(Provisional Figures based on weekly and quarterly Returns).

	England and Wales	126 County and Great Towns (including London)	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London Administrative County	Elland
<i>Births</i>		Rates per 1,000	Home	Population	
Live births ...	15.5	17.3	16.7	17.8	13.21
Still births ...	0.36	0.45	0.38	0.37	0.47
<i>Deaths</i>					
All Causes ...	12.5	13.4	12.5	13.1	14.52
Typhoid and paratyphoid	0.00	0.00	0.00	—	—
Whooping Cough	0.01	0.01	0.01	0.01	0.00
Diphtheria ...	0.00	0.00	0.00	0.00	0.00
Tuberculosis	0.31	0.37	0.31	0.38	0.15
Influenza ...	0.38	0.36	0.38	0.23	0.36
Smallpox ...	0.00	0.00	0.00	—	—
Acute poliomyelitis (including polioencephalitis)	0.00	0.01	0.01	0.00	0.00
Pneumonia ...	0.61	0.65	0.63	0.61	0.78
<i>Notifications (Corrected)</i>					
Typhoid fever	0.00	0.00	0.00	0.01	0.00
Paratyphoid fever	0.02	0.03	0.02	0.01	0.05
Meningococcal infection ...	0.03	0.04	0.03	0.03	0.00
Scarlet fever ...	1.11	1.20	1.20	1.10	1.73
Whooping cough	3.87	3.62	4.00	3.11	2.04
Diphtheria ...	0.02	0.02	0.03	0.01	0.00
Erysipelas ...	0.14	0.15	0.12	0.15	0.21
Smallpox ...	0.00	0.00	0.00	—	—
Measles ...	14.07	13.93	14.82	14.64	19.82
Pneumonia ...	0.99	1.04	0.96	0.72	1.05
Acute poliomyelitis (including polioencephalitis)					
Paralytic ...	0.03	0.03	0.03	0.02	0.10
Non-paralytic	0.02	0.02	0.03	0.02	0.10
Food poisoning ...	0.13	0.15	0.08	0.23	0.00

Deaths

All causes under 1 year of age	29.6(a)	Rates per 1,000 Live Births				19.84
		33.9	27.6	26.4		
Enteritis and diarrhoea under 2 years of age	1.4	1.6	1.0	0.7		0.00
<i>Notifications (Corrected)</i> Rates per 1,000 Total (Live and Still) Births						
Puerperal fever and pyrexia	10.66	13.77	8.08	14.90		7.66

Maternal Mortality in England and Wales

	Rates per 1,000 Total (Live and Still) Births		England
Sepsis of pregnancy, childbirth and the puerperium ...	0.10		0.00
Abortion with toxæmia ...	0.00		0.00
Other toxæmias of pregnancy and the puerperium ...	0.24		0.00
Haemorrhage of pregnancy and childbirth ...	0.13		0.00
Abortion without mention of sepsis or toxæmia ...	0.05		0.00
Abortion with sepsis ...	0.09		0.00
Other complications of preg- nancy, childbirth and the puerperium ...	0.18		7.66

(a) Per 1,000 related live births.

TABLE 2.

CAUSES OF DEATH OF ELLAND RESIDENTS IN 1951.

Causes of Death				1951. All Ages.		
				M.	F.	Total.
1.	Tuberculosis—respiratory	...	...	2	1	3
2.	Tuberculosis—other	...	...	—	—	—
3.	Syphilitic disease	...	...	—	—	—
4.	Diphtheria	...	...	—	—	—
5.	Whooping Cough	...	...	—	—	—
6.	Meningococcal infections	...	...	—	—	—
7.	Acute poliomyelitis	...	...	—	—	—
8.	Measles	...	...	—	—	—
9.	Other infective and parasitic diseases	...	...	1	1	2
10.	Malignant neoplasm stomach	...	...	7	2	9
11.	Malignant neoplasm lung, bronchus	...	...	1	2	3
12.	Malignant neoplasm, breast	...	...	—	4	4
13.	Malignant neoplasm, uterus	...	...	—	3	3
14.	Other malignant & lymphatic neoplasms	...	...	5	8	13
15.	Leukaemia, aleukaemia	...	...	—	—	—
16.	Diabetes	...	...	3	3	6
17.	Vascular lesions of nervous system	...	...	15	31	46
18.	Coronary disease, angina	...	...	25	11	36
19.	Hypertension with heart disease	...	...	4	2	6
20.	Other heart disease	...	...	15	30	45
21.	Other circulatory disease	...	...	9	7	16
22.	Influenza	...	...	4	3	7
23.	Pneumonia	...	...	8	7	15
24.	Bronchitis	...	...	11	4	15
25.	Other diseases of respiratory system	...	...	2	2	4
26.	Ulcer of the stomach and duodenum	...	...	3	—	3
27.	Gastritis, enteritis & diarrhoea	...	...	1	—	1
28.	Nephritis and nephrosis	...	...	4	1	5
29.	Hyperplasia of prostate	...	...	2	—	2
30.	Pregnancy, childbirth, abortion	...	...	—	2	2
31.	Congenital malformations	...	...	2	—	2
32.	Other defined and ill-defined diseases	...	...	3	18	21
33.	Motor vehicle accidents	...	...	—	—	—
34.	All other accidents	...	...	5	2	7
35.	Suicide	...	...	—	1	1
36.	Homicide and operations of war	...	...	—	—	—
Totals				132	145	277

VITAL STATISTICS.

The estimate of the population of Elland is the mid-year estimate of the Registrar General. His estimate is 19,070 compared with 19,470 for 1950. He considers, therefore that the population has decreased by 400.

The birth rate for the year is 13.21 per 1,000 of the population. This rate is 0.3 below the rate for the previous year, 2.29 below the rate for England and Wales, and 3.49 below the rate for the 148 Small Towns. It will be seen that the birth rate has shown a considerable fall since 1947, when it was 19.35. It may be that the acute shortage of houses in Elland is having its influence on the birth rate.

There were 12 illegitimate births, representing 4.7 per cent. of the total live births and an illegitimate birth rate of 0.63 per 1,000 of the estimated population.

During the year there were 9 still births, none of which were illegitimate. This gives a rate of 34.48 per 1,000 (live and still) births, or 0.47 per 1,000 of the population, this latter figure being 0.11 above that for the Country as a whole.

The death rate for the Urban District is 14.52 per 1,000 of the population. This is 0.12 lower than the rate for last year. Our comparability factor is 0.91 and the death rate can be corrected by multiplying by this factor in view of the somewhat older population in Elland than that of the Country as a whole. This gives us a corrected death rate of 13.21 which can be compared with that for the Country as a whole, which is 12.5, and with the aggregate of Urban Districts in the County, which is 13.6.

The chief causes of death this year were, in order of frequency :—

1. Diseases of the Heart and Circulation—103 (23 more than in 1950).
2. Vasc. Lesions of Nervous System—46 (compared with 39 in 1950).
3. Pneumonia, Bronchitis, Influenza and other respiratory diseases—41 (compared with 27 in 1950).
4. Cancer—32 (compared with 42 in 1950).

Infant Deaths.

There were five Infant Deaths in the Urban District of Elland during 1951 and the Infantile Mortality Rate or Death Rate of Infants under one year of age per 1,000 live births was

19.84. This Death Rate is lower than that for last year (26.6) and once again compares favourably with that of the Country as a whole, which this year had a record low Infant Death Rate of 29.6. It also compares favourably with that of the 148 Small Towns (27.6) and of the Administrative County (31.8).

It is particularly pleasing that we can report for four years running that the Infantile Death Rate of this Urban District—a district which has many sub-standard houses and smoky factories and its share of the problems that accompany industry—is below that for England and Wales.

When dealing with small numbers such as we are dealing with it is, of course, dangerous to take one year individually and point to a very satisfactory position, but our rate has been consistently low since this Division commenced and can, I think, be regarded as having some statistical significance. It should be realised, however, that one or two more deaths would have a considerable effect on the rate, and, of course, five additional deaths would double it. This consistently low rate has been accompanied by a consistently low rate in the whole of this Division, and does provide a source of satisfaction to us.

It is interesting to note that three of the five children (two males and one female) died within the first month of life. Two of these children were born prematurely, one of them only surviving a few hours, and the other child, who lived five days, had multiple deformities that made it extremely difficult for him to feed adequately. Both children were born in hospital and had skilled nursing attention from birth. The third child, who was illegitimate, was also born in an Institution, where he developed Gastro Enteritis, which is often a fatal disease in young children. He survived three weeks.

One of the two other infants who died within the first year of life died at seven weeks. He too was born with multiple deformities, including hydrocephalus and spina bifida. He was born in hospital and was never well enough to be discharged home. The remaining child, who survived six months, lived in a clean, well cared for Council house ; he died from Broncho Pneumonia after a very short illness.

A Table has been inserted giving particulars of all the infant deaths tabulated as to cause and time of survival and according to the time of the year in which the child died. It will be seen that the causes of death correspond very largely with those of the infants who died in 1950.

TABLE 3.
CAUSES OF INFANTILE MORTALITY IN ELLAND URBAN DISTRICT, 1951.

Cause of Death.	1 day and under				In first month				In first year				4th Quarter	3rd Quarter	2nd Quarter	1st Quarter
	1 day and under	2—7 days	8—14 days	15—21 days	22—28 days	In first month	2—3 months	4—6 months	7—9 months	10—12 months	In first year					
Prematurity	1	1	—	—	—	—	—	2	2	—	—	—	—
Broncho-Pneumonia	—	—	—	—	—	—	—	1	—	—	—	—	—
Birth Injuries	—	—	—	—	—	—	—	1	—	—	1	—	—
Gastro Enteritis	—	—	—	—	1	—	—	1	—	—	—	1	—
Totals	...	1	1	—	1	—	—	1	—	—	5	2	1	1	1	1

Premature Births.

There were 22 children born prematurely during the year. It will be seen from the Table appended below which gives details of these premature births that all except one of them were born in hospital. The usual criterion for prematurity has been employed in this Table, i.e. all babies weighing 5½ lbs. and under at birth.

TABLE 4.

TABLE SHOWING BIRTH WEIGHTS OF PREMATURE INFANTS.

Domiciliary Confinements.

Birth lbs.	Weight ozs.	No. of Infants	No. Infants who survived		
			24 hours	2—7 days	1 month
5	—	1	1	1	1

Institutional Confinements.

Birth lbs.	Weight ozs.	No. of Infants	No. Infants who survived		
			24 hours	2—7 days	1 month
3	8	1	—	—	—
3	9	2	2	2	2
3	10	1	1	1	—
3	12	1	1	1	1
4	2	1	1	1	1
4	7	1	1	1	1
4	12	1	1	1	1
4	15	1	1	1	1
5	3	1	1	1	1
5	4	2	2	2	2
5	5	4	4	4	4
5	6	1	1	1	1
5	7	2	2	1	1
5	8	2	2	2	2
		21	20	19	18

Maternal Deaths.

There were two maternal deaths during the year. One of these was due to a sub-arachnoid haemorrhage. Death occurred about eight hours after delivery. The woman was delivered in hospital and was under close supervision the whole time. The other death was due to a pulmonary embolism and followed thrombo-phlebitis of her leg. This case was also delivered in hospital ; the death did not occur until three weeks after delivery.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

Laboratory Facilities.

The Public Health Laboratory, Wakefield, continued to receive clinical material and milk samples for bacteriological examination, while chemical analysis was carried out by Messrs. Lea & Mallinder, Public Analysts, Halifax.

Ambulance Facilities.

I append below particulars of the cases transported during the year. The figures are given monthly, and the total for last year is appended in brackets after the total in each line.

This table shows that there was a fall in the number of cases transported by ambulance in 1951. This fall occurred particularly in the number of urgent cases, the number of maternity cases and the number of mental health cases carried. In accident cases there was again a slight rise, and 20 more infectious cases were carried than in the previous year. Once again there was a rise in the number of out-patients carried and it will be seen that this part of the ambulance service now constitutes a major problem, almost 7,000 individual transportations having been arranged during the year. Although the majority of patients require an ambulance to carry them to hospital it is considered that there is still a tendency to use the ambulance when public transport could well be used.

A Circular was issued by the Ministry of Health, stressing the necessity for care to be exercised to eliminate unnecessary use of the service when other means of transport are available.

Nursing in the Home.

The same team have been responsible for the Home Nursing Service in the Elland Urban District; Miss Carter being the nurse in charge of the Elland area and Mrs. Mills of the Greetland area. Miss Rawson continued to combine the duties of District Nurse and Midwife in the Stainland area.

Altogether, 8,727 individual visits were made to patients and 458 new cases were treated during the year. Both in Elland and Greetland there was a substantial increase in the number of visits made, but in the Stainland area there was less call on the District Nursing Service.

An increasing use of the Home Nursing Service is to be expected as the population ages and the call on hospital accommodation for old people increases without any corresponding increase in the number of beds provided. More and more old people are being nursed at home and the care of the old already forms a substantial part of the Home Nurse's duties. Many of these old people are not considered to be suitable cases for the Home Nurse, but require constant attention. Where an old person lives alone and is more or less confined to bed, beyond the periodic visits of the Health Visitor, the cleaning of the home by the Home Help and the making of his bed and bathing by the District Nurse, he requires the security that only the continual presence of another person can give. Some of these old people are visited through voluntary agencies but it is considered that many of them are not really suitable cases for home nursing. However this may be, the Home Nursing Service is providing a very useful service in this town, and is to some extent alleviating the serious shortage of beds for the care of the old.

TABLE 5.

COUNTY AMBULANCE SERVICE. DIVISION 18.														Return of patients carried for the year 1951.
	Jan.	Feb.	Mar.	Apl.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total	
Accident	18	13	16	15	19	25	17	24	22	25	19	13	226 (221)	
Urgent	50	45	62	44	62	66	52	51	47	62	44	46	631 (698)	
Maternity	22	29	41	28	33	43	33	26	29	32	21	29	366 (398)	
Infectious	7	8	14	8	6	5	9	4	7	12	7	2	89 (69)	
Mental	7	2	2	5	2	2	2	2	3	1	—	3	31 (38)	
Out Patients	756	582	557	611	564	532	543	485	510	582	605	500	6827 (6769)	
Males	444	356	322	346	310	292	333	306	300	317	316	282	3924 (3589)	
Females	566	498	479	508	532	512	460	419	426	504	507	442	5853 (5759)	
Children	65	40	40	59	68	79	86	75	55	15	66	41	689 (965)	
No. of Patients	1010	854	801	706	703	665	668	588	594	686	681	616	8572 (9348)	
Stretcher Cases	197	220	171	182	213	211	194	201	190	195	202	224	2400 (2029)	
Sitting Cases	813	634	630	672	629	593	599	524	536	626	621	500	7377 (7319)	
Journeys	349	315	312	321	342	337	337	291	278	303	298	275	3758 (4088)	
Miles	8915	7598	7420	7727	7839	7618	7512	7252	7079	7174	7483	6834	90451 (92990)	

Domestic Helps.

The Home Help service is now firmly established in Elland. It will be remembered that only 15 cases were attended in 1948, the first year of this service, 33 cases in 1949, and 81 cases in 1950. This year 69 cases were attended. Most of these cases were long term ones, however, and a larger number of hours were worked than in any previous year.

The shortage of hospital accommodation for old people and the increasing age of the population does not lead us to expect any great diminution in this service and we have now reached the point when we are exceeding the establishment allowed us by the County Council. For the whole Division we have an allocation of the equivalent of 18 whole time Home Helps. None of our Home Helps are actually employed whole time but the allocation means that we have 18 x 44 hours Home Help time available per week, or, in other words, on a population basis Elland is entitled to approximately 6 x 44 hours or approximately 260 hours a week. We have been using rather more than this figure during the year and we hope that it will be possible for our establishment to be increased.

Of the 69 cases attended, 49 were domestic cases. Nine of these domestic cases were cases of illness of the housewife. The other forty cases were of attendance of old people who were no longer able to care for their home themselves. Many of these are naturally long term cases and eight of them were carried over from the previous year.

The remaining 20 cases were maternity cases. This represents 48% of all domiciliary confinements. This percentage is a high one and demonstrates that the patient's mother or other relatives were not available to look after the home while the woman was confined. The percentage is higher this year, paradoxically, because of short time working in the textile industry. The patients' relatives were unwilling to take time off from work when unemployment threatened. It is also an indication that rather less of the patients lived with their parents.

It will be seen that the Home Help service is becoming a matter of considerable importance to the community, and of no inconsiderable expense. It is perhaps the most difficult service with which any Local Authority has to deal. The women employed as Home Helps usually require regular employment, but the demand ebbs and flows and is by no means regular. At one period there are a large number of priority cases and at another period there are few. Our task is not only to try and

provide the best service we can, but also to try and allocate the work out fairly among the Home Helps and this has meant moving Home Helps from one case to another according to priority of cases requiring Home Helps and the number of Home Helps available.

The administration of the Home Help service is very different from an ordinary domestic agency. We are concerned with the assessment of priority, the decision as to how long a Home Help requires to carry out the household duties, and the allocation of the right type of Home Help to the right type of case. When the service is a free one, and it is often so in the case of old people for it will be remembered that the charge is made according to means, it is necessary for us to assess very carefully the hours required, and not allocate the hours according to what is desired. Sometimes old people merely require someone with whom they can pass the time of day and talk, and the Home Help often finds it difficult to get on with her work. It must be stressed again that the Home Help is not a sitter-in, nor is she a companion. She is there to carry out the work normally done by the housewife, be she mother, sister, wife or housekeeper. The help of the public is earnestly desired in not making unreasonable demands on this service and in continuing to give help to their less fortunate neighbours whenever they can do so.

Clinics and Treatment Centres.

The Table of Clinics and Treatment Centres is appended in Table 6.

TABLE 6. CLINICS AND TREATMENT CENTRES.

Name.	Situation.	When Open.
Combined Ante-Natal and Post-Natal Clinics	St. Paul's Methodist School, Elland	Alternate Mondays, 2 p.m. to 4 p.m.
Infant Welfare Clinics	Clay House, Greetland	Alternate Wednesdays, 2 p.m. to 4 p.m.
Diphtheria Immunisation Clinics	St. Paul's Methodist School, Elland	Every Wednesday, 2 p.m. to 4 p.m.
	Clay House, Greetland	Every Tuesday, 2 p.m. to 4 p.m.
Minor Ailments Clinics	Immunisation is carried out at all	Minor Ailment Clinics and Infant Welfare Centres and booster doses are given in the schools.
Artificial Sunlight Clinics	St. Paul's Methodist School, Elland	Every Mon. and Wed., 9-30 a.m. to 12 noon.
	Clay House, Greetland	Every Tues. and Thurs., 9-30 a.m. to 12 noon.
Remedial Exercises, Ante-Natal and Post-Natal Exercises	St. Paul's Methodist School, Elland	Every Mon. and Wed., 9-30 a.m. to 12 noon.
	Clay House, Greetland	Every Tues. and Thurs., 9-30 a.m. to 12 noon.
Ante-Natal and Post-Natal Exercises	Brook House, Atlas Mill Road, Brighouse	Every Tuesday, 2 p.m. to 4 p.m.
Tuberculosis Dispensary	Clay House, Greetland	Every Thursday, 2 p.m. to 4 p.m.
Venereal Diseases Clinics	St. Paul's Methodist School, Elland	Alternate Mondays, 2 p.m. to 4 p.m.
do.	Royal Halifax Infirmary	Mon., Tues. and Wed., 9-15 a.m. to 12 noon.
	Royal Halifax Infirmary	Men.
	Royal Halifax Infirmary	Women.
	York Place, New North Road, Huddersfield	Thurs. 2-30—7 p.m. Tues. 2-30—7 p.m.
		Mon. 2—4 and 5—7 p.m. Mon. 2—4 and 5—7 p.m.
		Wed. 10 a.m.—12 noon Wed. 10 a.m.—12 noon
		and 2—4 p.m. and 2—4 p.m.
		Fri. 2—4 and 5—7 p.m. Fri. 2—4 and 5—7 p.m.
Consultant Clinics, Ear, Nose and Throat, Ophthalmic & Orthopaedic	Brook House, Atlas Mill Road, Brighouse	By appointment.
Orthoptic Clinic	Brook House, Atlas Mill Road, Brighouse	Bi-weekly (by appointment).

HOSPITALS.

Infectious Diseases.

The fall in the incidence of infectious diseases and the almost total elimination of Diphtheria has meant that the work of the Brighouse Isolation Hospital has been completely taken over by the Northowram Isolation Hospital, and even then that Hospital has not been taxed to capacity.

Tuberculosis.

Beds previously allocated for infectious diseases at the Northowram Isolation Hospital have been made available by the Regional Hospital Board for the treatment of Tuberculosis patients. This has eased the situation somewhat with regard to their admission. It has been a constant source of worry to us that patients who are infectious have to remain at home for long periods due to the waiting list for sanatorium treatment, and I am glad to report that this year the delays in admission have been considerably reduced. The cause of the delay has not, of course, always been the shortage of beds but the shortage of staff to care for the patients, which has meant that all existing beds cannot always be utilised.

At present there does appear to be a great shortage of children's beds in the sanatoria. We know that the Regional Hospital Board are alive to the problem and hope that soon the day will come when sufficient beds are available not only to treat those who would undoubtedly benefit from treatment in hospital but also to accept any patient who constitutes a danger to the public health.

Maternity.

It will be seen that 219 babies were born in hospital out of the 261 total live and stillbirths. There is no doubt that a great many expectant mothers prefer to go into hospital for their confinement, but many others have to do so because the houses in which they live are quite unsuitable for the confinement to take place at home. It is fortunate that so many hospital beds for maternity cases are available in this area and that the hospitals are so co-operative in utilising their accommodation to the full.

I am afraid, however, that bad housing is helping to foster the idea that the proper place for the delivery of a child is a hospital. I believe that the child's own home is the best place for him to be born—his own home where from an early age he becomes used to the family environment, where from the start both parents come into his consciousness, and where he will have to be transplanted from the best of hospitals after the first two weeks of his life. Too many of the houses in Elland, however, are not fit places in which a baby can safely be born, nor indeed are they fit for the child to return to after 14 days of life.

The Halifax General Hospital provides a team for emergency blood transfusion in cases of domiciliary confinement where an emergency arises, although the use of this blood transfusion unit is extremely occasional as most abnormalities are foreseen during the ante-natal period. It is a valuable service, however, and another factor in ensuring safer midwifery.

General.

Other cases requiring general medical or surgical treatment, whether as hospital out-patients or in-patients, have the choice of the hospitals in the neighbouring cities of Leeds and Bradford and County Boroughs of Halifax and Huddersfield.

It continued to be extremely difficult to get old people into hospital when they required it and the provision of beds for the chronic sick remains the biggest problem of hospital accommodation in this area. We have been able to help in the assessing of priorities by furnishing socio-medical reports. These are referred to in the section devoted to our work with the old.

MATERNITY AND CHILD WELFARE.

Health Visitors.

In March, 1951, Miss E. Craven retired after long and devoted service to the mothers and babies of Elland. Her place was taken in July by Miss W. Wadsworth, who is already proving herself a very capable addition to our staff. During the intervening period Mrs. I. Hepworth very successfully filled the gap. She was already known to and knew the majority of the young mothers of Elland, and also the old people, as she had assisted Miss Craven. She has continued to help Miss Wadsworth and we are grateful to her for preventing any dislocation of duties consequent on the replacement of Health Visitors. Mrs. Armitage has assisted at West Vale and Mrs. Holdsworth assisted once more in the schools in the Elland area.

The work of the Health Visitor has continued to expand. Ever since the National Health Service Act came into force they have been responsible for helping and advising every member of the family and no longer confine their work to expectant and nursing mothers and children under five years of age. It is in the homes that the Health Visitor can do the work of the greatest value to the community. As a welcome visitor she rapidly becomes a family friend and is able to guide the young mother along the lines which promote the health and happiness of the child. A healthy child is the keystone of a happy home and I believe that the happiness and comfort the Health Visitor can contribute is incalculable. It is in the home that the Health Visitor can study the child in its normal background.

Recently we have had confirmed by an authoritative source in Bowlby's Monograph to the World Health Organisation on Maternal Care and Mental Health what we in the public health service have known for a very long time, namely, that the home is the centre of the child's life and that a good home is all-important for its proper mental health. Hospitals and diseases seemed to us to be given undue importance in the National Health Service Act and we have always believed that the fostering of a good mother—child relationship and adequate safeguards to provide proper mother substitutes in the absence of the mother, were all-important to the young child. We have now been shown conclusively that the work the Health Visitor does in the home is perhaps of greater importance than the work of the highly skilled staff in hospitals, and we have been reinforced in our endeavour to provide the best social environment possible in this industrial town.

The influence of the mental state of the child on its physical condition has been stressed once again ; the importance of trying to lift up the standard of the home by all the means at our disposal rather than the removal of children to Institutions when their maternal care is not ideal, is now agreed by all. It is very easy to take away children from an undesirable environment provided there are sufficient places ; it is much more difficult to educate and influence by means of persuasion a less careful mother in the care of her children. The regular visits of the Health Visitor cannot be taken individually, but must be regarded collectively. The summation of the advice she gives is of very great importance and although she herself is the first to feel that repeated visits, stressing again and again the same points, seem to be producing no result, there is no doubt that collectively they play a very important part in the health of the community.

Even in the case of children who are brought to the clinic regularly and whose mothers are there given proper advice, the Health Visitor needs to visit the child at home to study the home background and to give the mother advice regarding difficulties encountered on the spot. Every home does not, unfortunately, possess modern amenities. In a hospital ward, with steam sterilisers, constant hot water and an intelligent staff, the preparation of food and the bathing of babies presents no difficulty. In the home, without a hot water supply, with no internal W.C. and no proper through ventilation, with older children and adults coming home from school and factory, the problem is more difficult.

Although we have no Marriage Guidance Council in Elland the Health Visitors are often consulted on matters of extremely private significance. Many of these troubles, although trivial, might have far reaching consequences, and we believe that many

homes have been kept together and many children relieved of insecurity when otherwise marriages may have resulted in disaster and the children may have become subjects for the Child Guidance Clinic. The Health Visitors have co-operated with the Educational Psychologist, the General Medical Practitioners, the Probation Officer, the Children's Officer, the Almoners, the Welfare Officer, the Housing Manager, Ministers of Religion, the National Assistance Officer and the Ministry of National Insurance in seeking solutions to the problems they have met. This has usually been done through myself and I have found that increasingly our services are being sought on a wider field.

The work of this Department has grown considerably during the past four years. Much of our work, especially with cases of marital difficulty and illegitimacy, is secret and cannot be discussed in a report of this kind, but I am satisfied that the Department is playing an increasingly important part in the life of the community.

Problem families have been visited again and again by the Health Visitors, and over the years we have seen an improvement. These unfortunate families can usually find an excuse for any delinquencies. They often start married life under the handicap of the wife's pre-marital pregnancy preventing the joint earnings which are usual in this area. Furniture and bedding, such as it is, is often purchased on the hire purchase system. Items of food, although not always the most nutritious, are often bought in the dearest market, clothing, purchased through a clothing club, is torn and not repaired and is unusable before it is properly paid for. The only houses obtainable are those which nobody else wishes to have. The children are more often ill due to lack of proper nutrition, or, as they put it, "seem to pick up everything." Their relatives are unable to help them, they themselves having similar problems to face, and authority, of whatever kind, is an enemy. Into this atmosphere comes a Health Visitor, who approaches them as a friend and tries to gain their confidence, who, while registering disappointment, does not outwardly condemn their lack of attempts to follow the advice she has already given, whom they know is ranged with them and is also in the ranks of the authorities whom they wish to conciliate, but from whom they are sure no help can be expected.

I do not believe in the segregation of these families, nor do I believe in the provision of sub-standard houses for sub-standard families, although it is difficult to persuade the Housing Department that persons who often fall behind with their rent and rates and whose houses have an unkempt appearance, are the best candidates for a Council house.

The Health Visitor is looking to the future. It is important that the children of these families, brought up without sunshine, without proper food, taught from their earliest days to fear and try to circumvent authority, and looked at askance by neighbours and often neighbours' children, should not themselves become begetters of problem families. It may be a great hardship for families that are clean and respectable to have next door to them families which are not, but to place problem families together is only perpetuating the environment and conditions which we wish to correct.

Already in Elland, after four years, we have seen an improvement in many of our worst families, and I feel sure that the Health Visitor is building better than she knows for the future wellbeing of the town in which she works.

Most of the houses the Health Visitor visits nowadays are clean and well cared for. The children are well clothed and well fed, and many of our sub-standard houses present an appearance which is an example to the world. Here, now, a Health Visitor is received as she deserves to be, as a family adviser and as an intimate friend. Often, a Health Visitor finds it extremely difficult to get round her houses because she is constantly stopped by bright, cheerful mothers who want to consult her on various points. It is now the usual thing for children to be brought to the Child Welfare Centre, and in the last hundred years the Health Visitor has made a permanent place in the affections of the nation and of this town.

TABLE 7.
Visits paid by Health Visitors in 1950 and 1951.

	1950.	1951.
Visits to New Births	286	261
Visits to Children under 1 year ...	2543	2015
Visits to Children 1 to 5 years ...	1398	1888
Visits to Expectant Mothers	118	162
Miscellaneous	302	770
	4647	5096

Midwifery and Maternity Services.

We are fortunate in this area in having sufficient maternity beds available in the hospitals. Despite this, accommodation is often stretched to its utmost because of the increasing reluctance of patients to have their babies at home. This is understandable when one considers that in hospital the mother is provided with free board and lodging and that she does not require domestic help. She obtains the same maternity allowance as if she had her baby at home. She is also able to have what is often a much needed rest.

The strain on hospital accommodation by the admission of patients for maternity treatment who could quite well have their babies at home, has resulted in the premature discharge of mother and child. It is my opinion that even at 14 days it is not a good thing for a young baby to be removed from one environment to another. If there are children at home, the sudden departure of the mother to hospital and her return home with a new member of the family on whom her attention seems to be bestowed disproportionately, does not help in the feeling of security that is so essential for the proper mental health of the young child. In my opinion it is unfortunate that so many parents wish confinements to take place in hospital.

Bookings at the Halifax hospitals are usually only made in respect of first babies, cases of abnormality, or for reasons of bad housing or other social grounds, but expectant mothers have been able to book at other hospitals without any such provisions being made, and it is considered that this unrestricted admission is unsatisfactory, particularly as it has resulted in the premature discharge from hospital of 20 mothers who have returned home well under 14 days.

Even if this proper precaution were taken and cases were only admitted coming under the priorities I have mentioned, the number of first babies becomes a larger and larger proportion of the number of births, due to the fall in the birth rate and the prevalence of small families. This ensures an increasing rate of hospital and a consequent decrease in domiciliary confinements.

Only 42 out of 261 women were delivered at home, or 16%. Only 42 babies were born in the environment in which they have to pass their early childhood. This figure presents a serious problem for us. Elland Urban District is sufficiently important and sufficiently large to justify the employment of a full time midwife on domiciliary duty, but the number being born at home does not at present provide sufficient employment for a full time midwife who is wholly employed in Elland. This is I consider, a very unfortunate outcome of the present trend towards hospital confinements.

The work done by the midwives is set out in Table 8 which follows :—

TABLE 8.
Work done by the Municipal Midwives during 1951.

Labours conducted :	(a) as midwives	...	...	...	42
	(b) as maternity nurses	...	...	...	nil
	(c) total	...	...	...	42
Ante-natal visits	...	...	...	...	766
Post-natal visits	...	...	...	...	1025

Ante-Natal Clinics.

Table 9 gives particulars of the attendances at the Ante-Natal Clinics. As stated above, only 42 confinements took place at home, but 100 mothers attended our ante-natal clinics.

We have again been able to make arrangements to send patients to the hospitals in the area, where consultant advice can be obtained.

TABLE 9.
Attendances at Ante-Natal Clinics.

	1948.	1949.	1950.	1951.
Number of Sessions	34	38	44	40
Total number of individual expectant mothers ...	77	128	81	100
Total number of attendances	320	399	317	358
Average number of patients per Session	9.94	11.73	7.2	8.95

Post-Natal Clinics.

Only just over half the patients delivered at home attended our post-natal clinics, 22 having attended during the year. We shall not be happy until this number is considerably increased. Once the baby is born and ordinary domestic duties have been resumed, it is difficult to persuade the mother to attend. It is only her own health that is concerned and she often does not realise that attendance at this clinic may prevent very much invalidism and ill health in later years. We hope that eventually all mothers will have post-natal examinations either at our clinics or at the hospital or at their own doctor's, but we are still far from attaining this goal.

Ante-Natal Hostel.

The Clifton Ante-Natal Hostel was opened in 1948 with the primary object of providing a rest for women during pregnancy when it is required and when it cannot readily be obtained at home. It was recognised that two classes of women would be the principal benefactors from a period of rest :—

- (1) The woman who is having her first baby and has continued to work and run a home during pregnancy. This habit of working has increased with the rising cost of living. If the young wife who is working and is expecting her first baby does not also manage a home it is because she either lives in rooms or else with her own or her husband's parents. If she is living with her own parents, to whom she is still a child, she

often receives constant advice and warnings of the difficulties and dangers of parturition. In addition she has to be extremely tactful to avoid a breach between her husband and her family. Similar, if not greater, tact is required if she lives with her husband's parents and the advice she is given may be even less reassuring in character. While she is working it is often impossible for us to counteract this advice at the clinics which are held for instruction in relaxation during childbirth :

- (2) The other class of woman is the multipara who has to cope with her home and family whilst she is pregnant. In the textile areas this woman often also attempts to work part-time and she has not sufficiently recovered from her previous pregnancy before she embarks on an eighteen-hour day.

Unfortunately the County Public Health Department lost control of its short-stay Nurseries with the passing of the Children's Act and many of these women who really require rest and relaxation from household chores and cares, who need time for contemplation and inconsequential chatter with their fellows, cannot be admitted because they cannot make adequate arrangements for their children. I have been continuously impressed with the average woman's strong desire to be certain that her children are adequately cared for.

Many of the women with whose standard of child care we are not pleased show a wonderful and remarkable solicitude for these same children who are just above the category of "deprived child."

I am sure that the pressure of economic circumstances, with the strain of increasing responsibilities and frequent pregnancies, become well-nigh intolerable. This is often combined with an unco-operative husband who is himself a victim of a burden which has become too great and is unable to relax in a comfortable home after his day's work. The foundations are laid for that social enigma—the problem family.

There is then a necessity for provision to be made for the accommodation of children in a properly equipped nursery. With this provision we could take post-natal cases and a need for such post-natal provision undoubtedly exists.

Unfortunately, the Ministry have not agreed that an existing building can be adapted for this purpose. Without this accommodation we cannot take all the cases which require Ante-Natal Hostel accommodation.

During 1951, only nine expectant mothers were admitted from the Elland Urban District. There were many more who would have benefited by a stay in the Hostel. Some of them were unwilling to go because they were not happy at being parted from their children, and for others we were unable to make provision for the children.

Of the Elland cases, two were straightforward admissions of women who had been run down by virtue of trying to do too much. A very short stay soon helped them. Four of the patients were ones whose homes were not always well kept and who had become under nourished from lack of a proper dietary. They required a longer period and an opportunity was taken to instruct them in the principles of good housekeeping, which had been temporarily forgotten. It is considered that the stay in the hostel probably helped their families as well as themselves.

Another case was a lady with a very large family who had this baby towards the end of her child bearing years after a long period without new babies. She received great benefit from the hostel, most of which, however, was not apparent until she returned home as she was unable to free herself of home worries even though her children were well cared for by her eldest girl. After she returned home the improvement was most apparent in this case, and she was able to cope with her new baby, when it arrived, with fresh vigour.

Another lady was found to be suffering from malnutrition. This was due to circumstances beyond her control, circumstances which we were able to alter before her return home. The improvement in this woman was remarkable.

The last case was one in which the patient was suffering from mental ill health.

All these patients subsequently had normal children and have made good progress.

Relaxation Clinic.

The Relaxation Clinic continued during the year and 21 mothers made 55 attendances. This clinic is particularly useful for the woman who is having her first baby. She is given a true picture of the physiological process of labour. The clinic is run by a midwife who has had special instruction on the use of exercises to strengthen the muscles, and the technique of relaxation during the first stage of labour. This lady, who has children of her own, is able to give the expectant mother a sane and sensible view of what should be the normal process. She is able

to remove the fears that are unfortunately implanted in so many girls by the "old wives tales" of friends and relatives, and sometimes of their own mothers. She has had excellent results and many letters testify to the value of the clinic.

Although it is not so useful for women who have already had a child she is able to help them in the preparation of the breasts during pregnancy and the technique of breast feeding.

There is, in my opinion, no doubt as to the value of the clinic and we hope that it will be one which will become better attended. Unfortunately, as with all these clinics which are primarily for the mother, the attendance suffers. We find that parents are willing enough to bring their children for attention but are less willing to give the same care to themselves.

All the women who attended our relaxation clinic were able to feed their babies themselves.

TABLE 10.
Attendances at the respective Infant Welfare Clinics in 1951.

	Elland.	Greetland.	Totals.
Number of Sessions	49	43	92
Individual Children attending	314	257	571
Children attending for the first time	123	99	222
Medical Consultations	577	452	1029
Average number of medical consultations per session	11.8	10.5	11.2
Attendances of children under 1 year	1758	1118	2876
Attendances of children over 1 year	859	549	1408
Total attendances	2617	1667	4284
Average attendances per session	53.4	38.8	46.6

It will be seen that once again the majority of children under two years of age attended our child welfare centres during 1951. It is only the children of parents who are either unable or unwilling to bring their children up to the centre who do not attend. The ones who are unable include families living in very isolated positions ; these are few in number. Still fewer are the mothers who are unwilling to bring their children up. Occasionally, a mother who looks after her child very well indeed is unwilling to attend the child welfare centres for reasons of snobbery, but

the number of these, I am happy to say, does not amount to more than one or two a year. The other mothers who are unwilling are the ones who do not look after their children as well as we would like and they demand an unfair share of the Health Visitor's time. Usually, these women, who are bad managers, promise to attend, arrange to attend on a certain day, but do not manage to do so. These are the women who are constantly behind with their work, are usually full of good intentions but with poor performance, and are incorrigible procrastinators.

It is indeed satisfactory to know that the child welfare centres are so widely appreciated and so well attended. Much of the success is due to the excellent atmosphere of these clinics, which is fostered not only by our Health Visitors but also by the voluntary helpers who carry out unobtrusively week by week their willing and kindly work for the mothers and babies of this Urban District.

Orthopaedic Treatment.

During the year one child under school age was examined at the Central School Clinic at Brighouse by Dr. Barclay, the Orthopaedic Surgeon. This child suffered from Genu Valgum, which has responded to treatment.

Ophthalmic Scheme.

During 1951, 15 pre-school children were examined at the Ophthalmic Clinic. Spectacles were prescribed in six cases. Particulars are as follows :—

Hypermetropia	...	...	...	...	1
Hypermetropia and Astigmatism	...	...	...	...	1
Strabismus	...	...	...	...	13

MENTAL HEALTH.

At the beginning of May, 1951 a Mental Health Social Worker was appointed to work in this Division and the neighbouring Division, No. 19. She was able to continue and enlarge the work that had been previously carried out very efficiently by an Assistant Health Visitor. She visited all the cases discharged from mental hospitals and with more time at her disposal was able to spend longer with each case and to pay more frequent visits.

An increased number of patients were admitted volutarily to mental hospitals, where a short period of treatment and rest from home worries was sufficient to enable them to return to their normal habitat refreshed and invigorated. I am quite sure that the visits of the Mental Health Social Worker helped not only to encourage a more healthy attitude in the patients but helped the patients' relatives better to understand that mental illness is, as with most illnesses, a temporary setback in health which can be overcome with sympathetic and careful consideration during convalescence.

The whole public attitude to mental ill health is slowly being changed and patients and their relatives are coming to realise more and more that recovery from mental ill health can be as complete as from physical ill health.

Many cases of minor ill health have been encountered in schools, child welfare centres and in child guidance clinics. We have found that a large proportion of the cases of enuresis among children can be traced to psychological difficulties at home. Very often we have been able to help in this direction. One of the biggest causes of minor ill health has been housing difficulties. Another cause has been the increase in the cost of living and the necessity to adapt the family budget to the new conditions. The Health Visitors are constantly dealing with minor problems of mental ill health and it has been useful to have a mental health social worker who is also a trained Health Visitor so that the worst cases could be passed on to her.

We have been able to help too in many cases of marital difficulty and we can say that during 1951 we have enlarged our work in abating mental ill health. In many cases we have been able to make useful contacts with the family doctor and with the Hospital almoner.

The Duly Authorised Officer, Mr. H. S. Johnson, has given me the following report on his work :—

Persons removed as certified patients to Mental Hospitals under Section 16, Lunacy Act, 1890	6
Persons removed under Section 20, Lunacy Act, 1890	3
Persons removed under Section 21, Lunacy Act, 1890 ...	5
Persons assisted in obtaining admission to Mental Hospitals as voluntary patients under Section 1, Mental Treatment Act, 1930	4

We have been fortunate in that no great difficulty has been experienced in gaining admission to mental hospitals. The most difficult type of case has been the old person who is suffering from dementia due to senility. I consider that usually these patients are best not dealt with by certification but there are cases which it is extremely difficult to deal with except by removal to mental hospitals. The difficulty in the placing of old people has meant that the mental hospitals have found it almost impossible to discharge this type of case and their wards have been full in consequence. This problem is, of course, part of the general problem of shortage of beds for the elderly infirm.

We have continued to have difficulty in the admission of mentally defective patients to Institutions. Admissions are arranged centrally and the only admission which has taken place this year was one in which a crisis occurred due to the death of the patient's mother, leaving her alone and unprotected. It is only this type of case that can obtain admission at present. The shortage of beds is so grave that if there is any possibility of care at home the patient must stay there. Often this forms an unfair burden on the relatives and it is hoped that some effort will be made, even in these difficult times, to increase the number of beds available for mentally defective persons. This is, in my opinion, a matter of national necessity and of local importance.

We must again report that there were no places available in Occupation Centres. We were also without a home teacher during the whole of the year. This has meant that parents and willing relatives have had the complete and unrelieved care of the mental defectives in their charge. Many of the women have found the strain of this unremitting care has produced a burden which is well nigh intolerable. This has applied particularly to those who have a high standard of hygiene and who try to maintain their homes as we should like every home to be maintained. Despite this, we have continued to be profoundly and constantly impressed by the wonderful way in which these involuntary and unmerited additional burdens have been tackled. Often the comfort of the mental defective has been attained at the expense of great mental strain and physical endeavour. The admission of mental defectives for short stay is a move which we shall welcome and it should help the problem, but long term provision of more beds is the only proper solution.

GERIATRICS.

An increasing amount of time is being spent with the old. If possible, we like to keep the old folk in their own homes where they are attended by their own family Doctor and the District Nurse, and helped by the Home Help when they are unable to carry out their own work. They are regularly visited by the Health Visitor.

The home is most important to the young and the old. At adolescence gradually more and more outside interests come in to remove the paramount importance of the home. Once again in early married life with young children the home assumes its great importance, and in late middle age and later life once more the home is of the greatest importance. Friends and relatives become gradually fewer as age proceeds, and holidays and excursions grow rare.

Admission to hospital is always a major event in anyone's life, but in the case of the old it may carry implications which are almost catastrophic, and an old person requires to be prepared fully for hospital admission and to have a reassurance that when they return the home will still be there. The Health Visitor can assure them as to the provision of domestic help in the early days after their return, and she can help the doctor in preparing them for hospital. In these cases too the District Nurse does a very useful service. Despite all this, there is a profound unwillingness in old people to go away.

In the textile areas most of the women do two jobs whenever they are able, unless their economic circumstances are very much better than the average. Except for the mother with young children and the old person who is beyond employment and the really comfortably placed, very many women run a home and work some of the day in a gainful occupation. This means that they are less able to visit and help their aged parents, relatives and friends and it often means that the care of the aged relative means a considerable financial sacrifice for a young family who are engaged in a constant struggle with the cost of living. For this reason, the tendency of young people is to wish their older relatives to stay in hospital until they are fully ambulant and, indeed, able to carry out with some help their normal household duties. We all know that the sooner an old person is discharged from hospital and is able to get back to their home the more likely they are to make rapid strides in convalescence. We also know that because of this reluctance of the young to receive back their relatives until they are unlikely to make demands upon them, the old people realise that the admission to hospital may be final and will be prolonged. For these reasons there is an undoubted reluctance on the part of the old people to be admitted to hospital and we believe that we are doing a great deal to help prepare them for this and help smooth their way on their return.

It is also because of the necessity for the old people to stay in hospital rather longer in this area than in an area where less women go out to work, that the number of hospital beds should be much greater in proportion to the population than in other more fortunate areas. As it is, the number of beds is woefully inadequate.

It has been the custom this year for the hospitals to ask for socio-medical reports on old people who are awaiting admission to hospital and in respect of Elland residents such reports were furnished during 1951. As a result of these reports it was possible for the hospitals to assess priority of admission. Some cases, of course, require urgent admission on medical grounds, but others,

which are not so urgent for medical reasons, require urgent admission because of their social difficulties. An old person living alone or an old person who from sheer necessity has to be left alone should, of course, go to hospital as soon as possible. Old people who live alone but are so fortunate as to have relatives and neighbours who "pop in" at extremely frequent intervals are better placed than those without relatives, friends or helpful neighbours. Such matters as washing facilities, outside W.C's. etc. are of great importance when assessing hospital admission. Four cases we recommended died before admission but all the others which we thought were of urgent priority were eventually admitted, although in some cases the delay was very much longer than we desired.

In Elland there is no Old Folks' Welfare Committee and no scheme sponsored by the Council for the regular visitation of old people. It is true that in some of the wards there are very active Old People's Committees where "treats" are organised for the more active old people. But we feel that regular visiting on a voluntary basis is the best way not only of keeping old people happy and contented but of bringing their problems to us at a time when they are capable of solution. The Business and Professional Women's Club have very kindly undertaken a certain amount of voluntary visiting during the year but we should welcome the formation of a central Old Persons' Welfare Committee in Elland and we consider that it is one of the more urgent matters which the Town Council could sponsor. There are many people available, mostly busy people, who are willing to spare a few hours a week for this purpose and we hope that their services will soon be utilised in the way I have indicated.

There is a tendency for too much emphasis to be given to the ambulant old people who can attend "treats" and go to clubs and too little to those who sit or lie in their own homes alone and friendless. The Health Visiting Service has done much to help but regular visiting must be on a voluntary basis. I consider that the Youth Clubs and Youth Organisations of all types could help a great deal in this work and might themselves receive great benefit from the experiences of some of the old people. The number to be visited is not large, for many have regular visits from relatives and friends, but the small number and small amount of time required would pay handsome dividends in the shape of increased happiness and contentment for the old.

CARE AND AFTER CARE.

A closer liaison has been established with the hospitals. It will be remembered that the National Health Service Act split the

medical services of this Country into three parts, administered by three different bodies ; the hospitals by the Regional Hospital Boards, the general medical practitioners by the Executive Councils and the environmental services by the Public Health Committees. It has been our endeavour to try to establish a firm liaison and to undo some of the harm caused by this administrative framework.

During the year we have had 90 cases in Elland referred to us for after care work. Many of these, of course, have been cases of dressings and attention carried out by the District Nurse. Others have been cases where Home Helps have tided the patient over a difficult period when the full household duties could not be resumed. Another group have required visits by the Health Visitor to advise them on diet and general care and to supplement the advice of the general medical practitioner.

The cases discharged from mental hospitals are not included in this figure as they have been dealt with in another section of this report.

Previously, the Health Visitors confined their attention almost entirely to the care of mothers and young children. In 1949 only 34 miscellaneous visits were made. These increased to 302 in 1950 and 770 in 1951. These visits include all care and after care visits, visits for socio medical reports, visits in connection with the effects of housing on health, and visits to the aged.

SANITARY CIRCUMSTANCES IN THE AREA.

Water Supply.

Of the 6,998 inhabited houses in the Borough, 6,780 are on the public water supply. The remaining houses have private supplies derived from springs and wells, the majority of which are liable to contamination. The number of houses not yet on public water supply is 218, or 3.1 per cent. of the total houses in the district. The majority of these houses are at Stainland.

86% of the houses on public water supply are supplied by Halifax Corporation and 3% by Huddersfield Corporation, the remaining 11% being supplied from our own reservoirs at Coldacre and Upper Greetland. The public water supply from Halifax and Huddersfield has been satisfactory in quantity and quality. Bacteriological examination and chemical analysis of the water from our reservoirs have been satisfactory. Examinations were made for plumbo solvency and the results were as follows :—

Supply	Date sample collected	Result of Examination.	
		Lead content (grains per gallon)	pH value.
Elland U.D.C.			
Upper Greetland Supply.			
After standing in pipe for a measured period of half an hour 	10.2.51	Nil	6.4
After standing in pipe all night	10.2.51	Nil	6.6
Elland U.D.C.			
Upper Greetland Supply.			
After standing in pipe all night	4.9.51	1/30	6.0
After standing in pipe for a measured period of half an hour 	4.9.51	1/100	6.2
Elland U.D.C.			
Stainland Coldacre Supply.			
After standing in pipe all night	18.9.51	Nil	6.8
After standing in pipe for a measured period of half an hour 	18.9.51	Nil	8.5
Elland U.D.C.			
Coldacre Supply.			
After standing in pipe for a measured period of half an hour 	15.11.51	Nil	6.6
After standing in pipe all night	15.11.51	1/70	6.4
Elland U.D.C.			
Upper Greetland Supply.			
After standing in pipe for a measured period of half an hour 	13.11.51	Nil	6.2
After standing in pipe all night	13.11.51	1/15	6.4

For some time we have had trouble with plumbo solvency, particularly in the Upper Greetland area, and the Water Committee are aware of this. It will be noted that the reports for this year show a higher pH value for the Upper Greetland supply than in previous years, and that the samples taken on the 10th February were satisfactory. This water requires continual supervision.

Drainage and Sewerage.

I have been informed by Mr. F. R. Birkhead that no extensions to sewers were made during 1951. Approximately 490 houses, or 7% of the total number of inhabited houses in the district, are not yet connected to sewers. Many of these houses are semi-rural in character and it is impossible to envisage their being connected up in the foreseeable future.

Some of the sewers in the Stainland area are not connected up to the main sewer and this position also cannot be considered to be satisfactory. One of the problems which it is considered requires urgent attention is this question of the provision of an adequate sewerage system in this outlying part of the Elland Urban District.

At the present time Consultant opinion is being sought as to the Elland Works, and we hope that any proposed extension of this Works would relieve any possible overloading at Holywell Brook or West Vale. We feel that 7% of houses unconnected to sewers is far too high a proportion for an Urban District.

Rivers and Streams.

The West Riding Rivers Board is the supervising Authority. No complaints regarding the pollution of any streams in the area were received in the Health Department during the year.

Public Baths.

I am obliged to Mr. F. R. Birkhead for the following statement of the attendance of bathers during 1951 :—

Mixed Bathing	...	...	...	...	16,644
Males	...	...	...	...	6,355
Females	...	...	...	...	3,993
School Children's Classes	...	...	...	...	8,808
Foam, Steam, etc.	...	...	...	...	796
Slipper Baths	...	...	...	...	7,848

Samples of water taken from the Public Baths were again satisfactory from a bacteriological standpoint.

HOUSING.

I am pleased to record that during 1951 this Council built more houses than in any other year.

Even then, however, the number erected (56) was only sufficient to relieve the worst cases of overcrowding. Without a complete survey it is impossible to be dogmatic about the number of cases of overcrowding in this district. At the end of the year, however, after these houses had all been occupied, we knew of 59 cases which were legally overcrowded by the standards of the 1936 Housing Act. In a district like this, where there are so many small houses, and where the Act allows for the use of the living room in computing the overcrowding, by all ordinary standards the actual overcrowding is very much higher.

The total number of post-war Council houses built up to the end of 1951 is 170, and in addition two adjacent houses were purchased by the Council to convert into one to re-house an exceptionally large family. Details of the 170 houses are as follows :—

			Two bedrooms.	Three bedrooms.	Four bedrooms.	Totals.
Elland	...	...	28	26	8	62
Stainland	...	...	40	16	2	58
Greetland	...	...	10	34	6	50
			<hr/> 78	<hr/> 76	<hr/> 16	<hr/> 170

Progress in housing year by year is as follows :—

Year	No. completed	
1946	Nil	It was decided not to accept prefabricated houses.
1947	5	
1948	46	
1949	33	
1950	30	
1951	56	

Proposals for 1952 are as follows :—

10 houses at Mean Lane, Elland.

These will consist of 4—two bedroomed houses and 6—three bedroomed houses.

18 three bedroomed houses at Stainland.

14 houses at Thomas Street, Elland.

These will consist of 10—three bedroomed houses designed for four persons with two of the bedrooms only suitable for single persons. The other four houses will be designed for five persons with one of the bedrooms only 70 square feet in area.

It will be seen that after a slow start some real progress was made in 1948. Since then we have been disappointed in the number of houses completed but we feel somewhat happier about the 1951 figures.

A recession of work in this important textile area, accompanied by a rising bank rate and increased cost of borrowing, only partly offset by increased subsidy, has led to some speculation as to whether the two factors of falling income and rising rents will be responsible for reducing considerably the demand for Council houses.

Three main essentials for healthy living are food, houses and work. If people cannot afford both an adequate supply of food and an adequate house, the food supply should come first, and I should be unwilling to urge people to improve their housing at the expense of their nutrition.

The problem of providing employment is one of national importance and is dealt with at national level, but when there is a temporary fall in employment with a consequent increase in leisure, more time is spent in the home, and it becomes more important that an adequate home is provided—a home that can comfortably accommodate all the members of the family and can fulfil twentieth century standards.

It may be necessary to build a certain number of terraces of houses, or houses with smaller gardens. Everyone has not the ability or the will to cultivate a garden and there is much to be said for building houses of varying kinds to fit varying needs, provided they all reach a minimum standard.

I am pleased to see that in 1952 the Council are building three-bedroomed houses to accommodate four adults and five adults. There are many families of four and five where there are adult sons and daughters and where three bedrooms are required, but where one or even two of them need only be single bedrooms. The present birth rate trends lead us to believe that there will be an increasing demand for accommodation of this kind.

The increased capital expenditure and consequently increased rental of new houses causes us to consider still more thoughtfully the unfortunate deterioration in privately owned pre-war houses. The pegging of houses at pre-war prices by the Rent Restrictions Acts, and the greatly increased cost of repairs, have prevented landlords being able to afford to maintain their houses at a satisfactory level.

Again this year, over 4,500 visits and inspections have been made to houses by the Sanitary Inspectors and it has been necessary to serve notices in some instances. Unfortunately, we can only serve a notice when a house has become in sufficient disrepair to require immediate action, and previously houses would not have been allowed to become so dilapidated by many of the owners, who now frankly are forced to neglect their houses.

It was necessary to represent to the Public Health Committee three houses which were unfit for human habitation. In two of these cases undertakings were accepted not to re-let the houses

until the necessary repairs had been carried out. It has been our policy usually to represent only houses where we knew the tenants were shortly to be rehoused. This prevents a house which is unfit for habitation being re-occupied. We should have liked to represent a great many more houses, for there are many which by modern standards cannot be considered suitable for human habitation, but the present shortage of houses has precluded this, for most of them have at least provided shelter.

If unfit houses becoming vacant are not represented they will provide a regular means of entrance into Council houses, for any tenant occupying them becomes a priority case for re-housing. I consider the time has now come when special houses should be built for tenants displaced from unfit houses. This would enable us to take action which has been long delayed and has become increasingly necessary.

It is difficult sometimes to persuade the Housing Committee to re-house tenants who are not considered to be satisfactory. A natural reluctance to let a nice, new, clean house to a tenant from a dirty, uncared for dwelling is supplemented by a doubt as to whether the tenant will be willing to pay the rent. This doubt is often reinforced by the knowledge that the rates have not been paid regularly. We consider that the only chance some tenants have of ever becoming clean, hard working, respectable members of society, and particularly the only chance for their children, is their re-housing. Objections are made sometimes to the placing of these families near to other families of approved standards. We have found up to the present that the re-housing of these families has resulted in a marked improvement in standards, and I believe that it is the Council's duty to take the necessary risk in these cases. There is a case for the building or leasing of sub-standard houses for sub-standard families, but this is a policy on which I hope this Council will never embark. The children of these families—often large ones—are to be the fathers and mothers of the future, and the re-housing of these families into proper houses is one of the Council's social duties which should not be overlooked.

The Council were concerned about the housing of one family which was a particularly large one. This family only occupied a two roomed house (one up and one down) but they would have overcrowded any of the Council houses available. The Housing Committee purchased two houses which were adjacent and converted them into one house to re-house this family. A great deal of improvement has been noted in the children's health since this took place.

This case stresses once again the extremely important part that proper housing can play in the nation's health. We in this Department welcome the improvement in this year's figures and hope that the Council's building programme will continue to increase and that the day is not far distant when we can begin to eliminate the sub-standard houses which exist in such large numbers.

FOOD INSPECTION AND SUPERVISION.

Milk Supply.

I referred last year to the transfer of the supervision of Dairy Farms from this Department to the Ministry of Agriculture and Fisheries, and I pointed out that as a consequence the farms were not being visited as regularly as they were previously. This is undoubtedly due to shortage of staff in that Department. Although we know that a great deal is being done in the improvement of standards, it is my opinion that regular routine supervision is necessary to ensure a clean and wholesome milk supply. It is difficult to see why periodic visits by the Inspectors of the Ministry of Agriculture and Fisheries cannot be supplemented by regular routine visits by our local Sanitary Inspectors. The Sanitary Inspectors in the course of their work are making visits to neighbouring places and routine visits to farms could be arranged without any considerable increase in their work and at very little additional cost.

Particulars of the licences to distributors in this district are given in the Sanitary Inspector's Report. The Sanitary Inspectors' took samples from milk distributors for the methylene blue test. They also took samples on behalf of the County Council under the Food and Drugs Act of 1938 for chemical examination of milk. We have felt it essential to sample for methylene blue tests a higher proportion of the milk coming from undesignated producer retailers. There is still a large proportion of people in this district who purchase raw milk from this source. While the regular routine visits to farms are not being made, we consider that regular sampling of this milk during distribution is essential. All the samples from the graded farms were satisfactory but it will be noted that seven samples from ungraded ones did not satisfy the methylene blue test. As usual, all the unsatisfactory samples have been followed up.

With the shortage of laboratory animals, biological tests have been carried out mainly on milk which has been supplied to children who have been found to have Cervical Adenitis. All the biological tests in respect of the seven samples submitted have proved to be negative. It will be realised, of course, that of necessity some time must elapse before the results of biological

tests are to hand and in some instances the offending cow may be disposed of before the result of the test is known. We feel, however, that these biological tests have a very real value and hope that it may be possible for more of them to be carried out in the future, as more animals become available. The biological test is at present our chief safeguard against bovine tuberculosis, which is always a danger of ungraded raw milk.

Two samples of milk taken in the County Borough of Halifax from farmers resident in this district but distributing in Halifax were found to be positive on biological tests, and the appropriate action was taken under the Milk and Dairies Regulations, 1949.

Ice Cream.

There are now 42 premises registered in the district under Section 14 of the Food and Drugs Act, 1938, for the manufacture or sale of ice cream, and 73 visits were paid to them during the year.

Of the 42 samples examined, 41 came into Grades 1 and 2, and 1 into Grade 3. This result is very pleasing and shows satisfactory bacteriological standards.

There is no sign of any diminution in the consumption of iced lollies.

Meat.

All the meat was slaughtered in the Regional Slaughterhouse at Brighouse and particulars of the meat inspection carried out are contained in the Brighouse Annual Report.

Other Foods.

Details of unsound food, other than meat, condemned and surrendered from the shops is given in the Sanitary Inspector's report.

There were no food poisoning outbreaks in the area during 1951.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

General.

The notifiable disease most prevalent during 1951 was Measles.

Diphtheria Immunisation.

The number of children who had completed a full course of Immunisation at any time up to the 31st December, 1951 is as follows :—

Age at 31.12.51.

Under 1	1 yr.	2 yrs.	3 yrs.	4 yrs.	5-9 yrs.	10-15 yrs.
16	153	170	264	301	976	1037
Total—2917.						

The age in this table is at the 31st December, 1951, and it will be appreciated that many of the children immunised early in 1951 but born in 1950 were actually under one at the time of immunisation.

During the year 201 children were immunised and in addition 285 children were given booster doses.

There has been a reduction in the number of children immunised recently. This, I am afraid, is partly due to over confidence, as for the third year in succession there have been no cases of Diphtheria in this district.

Vaccination.

There were again no cases of Smallpox during the year.

Last year I had to report that 1896 vaccinations were carried out, and 1008 re-vaccinations. I indicated that most of these vaccinations were carried out as a result of suspected cases of Smallpox occurring in neighbouring districts, and I expressed the view that it was unfortunate that the tendency of parents nowadays was not to have their children vaccinated in infancy when the procedure is safe and causes little or no constitutional upset, but to wait until a scare occurred. I also pointed out that with the increase in air travel persons incubating Smallpox could quite well come into this Country, and that for this reason alone routine vaccination of all individuals was to be recommended.

Despite these words, this year only 35 people were vaccinated and four were re-vaccinated. Even these figures are not so favourable as they appear. Only 22 children were vaccinated in infancy. The remainder of the people vaccinated, only two of whom were children of school age, were vaccinated because they were leaving the Country and vaccination is demanded as a condition. All the four re-vaccinations were carried out for the same reason.

I would reinforce my remarks last year and also remind parents that during the present state of world tension, a state which shows little sign of abatement, the risk of young adult males having to join H.M. Forces is considerable. A boy entering the Army who has been vaccinated in infancy suffers little or no trouble from re-vaccination, but one vaccinated for the first time suffers more severely. This is an additional reason why vaccination in infancy is strongly recommended.

Scarlet Fever.

During 1951 there were 33 cases of Scarlet Fever, compared with 35 in 1950. The disease continued to be mild in character and there were few complications.

Measles.

1951 was a year of increased incidence of Measles. We had 378 cases as compared with 380 in 1947, which was the last year of high incidence. This compares with 83 cases in 1948, 225 in 1949 and 109 in 1950. There is no means of active immunisation against Measles and it is a disease from which a great majority of children suffer. We were fortunate that the epidemic this year was of mild cases and there were no serious complications.

Whooping Cough.

This year there were 39 cases as compared with 107 in 1950. Plans were in hand at the end of the year for the introduction of a scheme of active immunisation against Whooping Cough. Recent work has shown that immunisation against this disease has a definite value. We cannot hope for quite such dramatic results as have been obtained with Diphtheria but if we can cut down the number of cases of Whooping Cough we shall be doing a great service to the community, for this disease is indeed a very disabling one and, particularly in young children, a very dangerous one. We are glad to report a reduced incidence this year.

Acute Anterior Poliomyelitis.

Four cases of Acute Anterior Poliomyelitis were notified during 1951. Two of these cases were in male adults and two in females of school age. None of the cases resulted in serious permanent disability. We could trace no connection between any of these four cases.

Erysipelas.

There were four cases of Erysipelas during the year, the same number as in 1950.

Cerebro Spinal Fever.

No cases of Cerebro Spinal Fever were notified during 1951.

Enteric Fever.

There was one case of Paratyphoid Fever notified during the year. This case was not found clinically but was found as a result of an examination of the stools which was undertaken because the girl was a contact of cases occurring in a school which she attended in a neighbouring city. There were no complications.

Puerperal Pyrexia.

There were two cases of Puerperal Pyrexia notified during 1951. One of these cases was due to a breast abscess. The other case was one where the baby was born before the arrival of the midwife. Both cases were mild and responded well to treatment.

Ophthalmia Neonatorum.

No cases of Ophthalmia Neonatorum were notified during the year.

Pneumonia.

Twenty cases of Pneumonia were notified during 1951. There were 15 deaths as compared with 9 in 1950.

Tuberculosis.

Despite the activity of the special Health Visitor for Tuberculosis, the incidence of Respiratory Tuberculosis in this district has shown no tendency to decrease. We believe that this is partly due to earlier diagnosis. This is welcomed, because early cases can be cured, and, perhaps even more important, can be removed from their environment and thus reduce the danger of infecting their relatives.

The Council can, and have helped in this direction by providing Council houses for the families of Tuberculous persons so that the patient can at least occupy a separate bedroom on his return from Sanatorium.

Deaths from Respiratory Tuberculosis are lower this year than for any year since the new Urban District was formed.

During 1951 a system of immunisation against Tuberculosis for the child contacts, by the injection of B.C.G., was commenced. This is usually done during the absence of the patient in sanatorium so that segregation of the immunised children can be attained.

No action has been found necessary under the Public Health (Prevention of Tuberculosis) Regulations, 1925, nor under the Public Health Act, 1936, Section 172.

CANCER.

Thirty-two deaths—13 males and 19 females—were registered as being caused by some form of malignant disease. These figures show a decrease of 10 cases on 1950 figures.

TABLE 11.
MONTHLY NOTIFICATIONS OF INFECTIOUS DISEASES DURING 1951.

Month.	Scarlet Fever		Tuberculosis		Pneumonia	Erysipelas	Polio-myelitis	Puerperal Pyrexia	Paratyphoid B	Measles	Whooping Cough	Totals
			Lungs	Other								
January	...	9	2	—	8	—	—	—	—	20	2	41
February	...	5	3	—	5	—	1	—	—	51	3	69
March	...	5	—	—	2	—	—	—	—	206	3	216
April	...	—	3	1	2	—	—	—	—	68	—	75
May	...	4	4	1	1	—	—	—	—	29	1	41
June	...	3	4	—	—	—	—	—	—	2	2	12
July	...	2	2	—	—	—	—	1	—	1	4	10
August	...	—	—	—	—	—	1	—	—	—	13	14
September	...	—	1	1	—	—	2	—	—	1	2	7
October	...	2	2	—	—	—	—	—	1	—	—	5
November	...	2	1	—	1	—	—	—	—	—	1	5
December	...	1	1	—	1	—	—	1	—	—	8	12
Totals	...	33	23	3	20	4	4	2	1	378	39	507

TABLE 12.
NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS)
AND HOSPITAL ADMISSIONS DURING THE YEAR 1951.

Disease.					Cases Notified.	Admitted to Hospital.	Total Deaths.
Measles	...	...	...	...	378	2	—
Whooping Cough	...	...	...	...	39	2	—
Smallpox	...	...	...	...	—	—	—
Scarlet Fever	...	...	...	...	33	9	—
Diphtheria	...	...	...	...	—	—	—
Pneumonia	...	...	...	...	20	—	15
Erysipelas	...	...	...	...	4	1	—
Puerperal Pyrexia	...	...	...	...	2	1	—
Poliomyelitis	...	...	...	...	4	4	—
Dysentery	...	...	...	...	—	—	—
Paratyphoid Fever	...	...	...	...	1	—	—
Totals					481	19	15

TABLE 13.
TUBERCULOSIS—New Cases and Mortality during 1951.

		New Cases.				Deaths.			
		Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
Age Periods		M.	F.	M.	F.	M.	F.	M.	F.
0	...	—	—	—	—	—	—	—	—
1	...	—	—	—	—	—	—	—	—
5	...	—	—	1	—	—	—	—	—
10	...	—	—	—	—	—	—	—	—
15	...	—	—	—	—	—	—	—	—
20	...	—	—	—	—	—	—	—	—
25	...	3	2	—	1	—	—	—	—
35	...	1	2	—	1	1	—	—	—
45	...	3	4	—	—	—	1	—	—
55	...	2	1	—	—	—	—	—	—
65 and upwards		1	4	—	—	1	—	—	—
Totals		10	13	1	2	2	1	—	—

SMOKE ABATEMENT.

Smoke observations were again taken during the year and in all 242 observations were taken. In only four cases was the limit of three minutes in thirty exceeded and steps were taken in respect of these.

The fact remains that there is a great deal of smoke pollution in this district, not the least of which is occasioned by the domestic user. Further details are contained in the Sanitary Inspector's report.

RATS AND MICE DESTRUCTION.

The work under the Rats and Mice Destruction Act continued. Full particulars are given in the Sanitary Inspector's report.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR and CLEANSING SUPERINTENDENT, FOR THE YEAR 1951.

To the Chairman and Members of the Health Committee.

Madam Chairman, Madam and Gentlemen,

I have the honour to submit to you my Annual Report for the year 1951.

It will be appreciated that much of the daily work of the Sanitary Inspectors is taken up by personal contact and discussions with the citizens, and cold facts and figures are apt to be misleading. Nevertheless, the Report has been kept in its customary statistical form.

In spite of the helpful co-operation of the majority of property owners, the main problem of the Department continues to be the bad housing conditions experienced by numbers of families. Costs of labour and materials have risen out of all proportion to the 1939 rent, and as a consequence, much cottage property is rapidly reaching the stage when it can only be dealt with by demolition.

The Municipal dustbin scheme continues to work very satisfactorily, despite the embargo on galvanised iron dustbins imposed on local authorities by the Board of Trade.

Conversion of pail closets and privies to water closets has been accelerated in accordance with the Council's Conversion Scheme, which is proceeding entirely as set out in the preliminary Report to Committee.

The appointment of Mr. L. Button as Rodent Operative during the year has resulted in increased work in this direction. Sewers have received overdue treatment, also farms and many business premises. He is keen and conscientious and the public appreciate his services.

Food inspection and sampling have occupied a fair amount of time, and the standard of Ice-Cream samples taken during the year is the highest on record.

Vermin infestations continue to be very low, in fact, only one case of bed-bug infestation came to light in 1951.

A large share of the Sanitary Inspectors' work is taken up with Refuse Collection and Disposal and Salvage matters. It will be noticed that the income from the sale of waste paper was equal to a 3½d. rate this year.

In conclusion, might I stress the happy relationship existing between Dr. Appleton and my Department, and thank my staff, fellow Officials, Chairman, Vice-Chairman and Members of the Committee for their continued support and assistance.

I am, Madam Chairman, Madam and Gentlemen,

Your obedient servant,

A. D. JACKSON,

Chief Sanitary Inspector and Cleansing Superintendent.

SANITARY ACCOMMODATION.

Number of Water Closets ...	...	...	5146
Number of Waste Water Closets ...	...	...	322
Number of Pail Closets ...	...	...	422
Number of Privies ...	...	...	106
Water Closets provided to new premises during 1951 ...	...	...	73
Percentage of Closets on Water Carriage system ...	...	...	91.00
Percentage of Fresh Water Closets ...	...	...	85.8

In accordance with the instructions of the Health Committee, following my Report of September, 1950 as to the state of the remaining pail closets and privies in the Council's area, the conversion of these insanitary conveniences was commenced in earnest at the beginning of 1951. The first batch of informal letters was sent out to the owners concerned, informing them of the Council's offer to pay half cost, as laid down under Section 47 of the Public Health Act, 1936. Most owners responded readily and by the end of the year 50 pail closets and 6 privies had been converted. 60 water closets had been installed in place of these, and where possible, improvements were also made in the siting of the conveniences. In a lot of cases the external convenience was abolished and a W.C. provided inside the house, the grant here being based on the estimated cost of converting in the original position.

In addition, 10 Waste Water Closets were replaced by Fresh Water Closets, a grant of £7 10s. 0d. being made in each case.

The Conversion Scheme is progressing steadily and smoothly, as provided for in the original plan, and the co-operation of owners and tradesmen has been commendable. This work is long overdue and if carried out earlier could have been completed at less cost than in these days of continuous rising costs of materials and labour.

The reduction of the number of pails and privies also slightly eases the collection difficulties, particularly in the Stainland area where it is hard to get suitable labour to tackle this objectionable task.

It will be noticed that 85.8 % of the sanitary conveniences are water closets (not including waste water closets). A large number of houses, however, have still to share at the use of a W.C. which is often situated some distance from the dwelling. These cases are unsatisfactory from every point of view, not least being the friction arising between the tenants as to liability for keeping clean.

DRAINAGE AND SEWERAGE.

Quite a considerable amount of work has been carried out under this heading, due to the conversions mentioned previously. The supervision of the construction and re-construction of drains to existing premises is the responsibility of this department and the conversion scheme has given the opportunity to obtain information regarding the drains and sewers, which was not held by the department previously.

In addition to the conversions, there have been the usual number of complaints of faulty drains and in connection with these some 48 inspections were made. Use was made of colour, volatiles and smoke at various times in the testing of these drains.

No extensions to sewers have been made during 1951, but it is hoped that sewer extensions will be made to certain areas in the future, to enable satisfactory drainage to take place.

No complaints were received from the Rivers Board regarding effluents from sewage disposal works.

OFFENSIVE TRADES.

The following offensive trades are registered :—

Tripe Boilers ...	...	...	...	...	2
Soap Boilers ...	...	...	...	...	1
Oil Extractor ...	...	...	...	...	1

No complaints whatsoever have been received regarding these businesses and 10 inspections were made of the premises during the year under review. The general cleanliness of the premises is satisfactory.

FACTORIES ACTS, 1937 and 1948.

1. Inspections for the purposes of provisions as to health.

Premises.	Number on Register.	Inspections.	Written Notices.	Occupiers prosecuted.
(i) Factories in which sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	39	16	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	179	56	1	—
(iii) Other premises in which Section 7 is enforced by Local Authority	—	—	—	—
Total ...	218	72	1	—

2. Cases in which defects were found.

Particulars.	Found.	Remedied.	Referred		Occupiers prosecuted.
			To H.M. Inspector.	By H.M. Inspector.	
Want of cleanliness (Section 1)	—	—	—	—	—
Overcrowding (Section 2) ...	—	—	—	—	—
Unreasonable Temperature (Section 3)	—	—	—	—	—
Inadequate Ventilation (Section 4)	—	—	—	—	—
Ineffective drainage of floors (Section 6) ...	—	—	—	—	—
Sanitary Conveniences					
(a) Insufficient	1	1	—	—	—
(b) Unsuitable or defective	14	14	—	1	—
(c) Not separate for sexes	2	2	—	—	—
Other offences against the Act (not including offences relating to Outwork)	6	6	—	—	—
Total ...	23	23	—	1	—

SECTION 34, FACTORIES ACT, 1937.

Means of escape in case of fire. Duties under this Section are carried out by this Department. Periodic inspections are made and in addition, two new certificates were issued during the year. In both cases the certificates were needed because of increases in the number of workpeople employed.

**PETROLEUM (CONSOLIDATION) ACT, 1928,
PETROLEUM (MIXTURES) ORDER, 1929,
PETROLEUM (CARBIDE OF CALCIUM) ORDER,
1929, etc.**

The Chief Sanitary Inspector is the Official acting as Petroleum Officer for the purpose of administering the above Acts.

During the year 60 Licences were re-issued to store Petroleum Spirit and two additional licences were granted in respect of new installations.

Two licences were issued for the storage of Carbide of Calcium.

**RAG FLOCK AND OTHER FILLING MATERIALS
ACT, 1951.**

This Act came into operation on November 1st, 1951, and will be administered by the Health Committee through its Sanitary Inspectors.

An explanatory report was submitted to the Health Committee in December, 1951.

Briefly, the Act forbids the use of certain filling materials for upholstering, stuffing of beddings, toys, baby carriages, etc., except on premises registered by the local authority. Premises where rag flock is manufactured or stored must be licensed.

Provisions are incorporated to prevent the sale or use of unclean filling materials and Regulations have been made giving standards of cleanliness.

It is anticipated that by giving local authorities effective powers for the first time, the Act will focus attention on one aspect of sanitation which has been rather sadly neglected in the past.

RODENT AND PEST CONTROL.

On the 4th April, 1951, the appointment of Mr. L. W. Button as Rodent Operative was confirmed. He has worked in conjunction with the Sanitary Inspectors and has proved a very useful acquisition to the Health Department.

During the year it was found possible to carry out a sewer maintenance treatment in the old Elland area and in the Greetland area. It has not yet been possible to carry out a treatment of the Stainland sewers, owing to a lack of information regarding the manholes. This information is being gathered together, and the treatment should be carried out early in 1952.

The following figures give an indication of the need for a regular treatment.

District.	No. of Manholes baited.	No. of Pre-Baits taken.
Old Elland Area	191	73
Greetland	96	26
Total ...	287	99

General Inspection of the District.

The total number of visits made by the Rodent Operative and Sanitary Inspectors in connection with rats and other pests during the year was 981.

During the year all farms within the district have been visited, practically all factories have been visited and all sewage works, refuse tips, etc. have received attention.

All complaints from domestic premises have been followed up and where necessary, treatment has been carried out.

Quite a number of occupiers of industrial premises and farms have expressed appreciation of the service offered and the manner in which the work has been carried out.

The total number of treatments carried out during the year was 124, and a summary is given below showing how these were made up and the results obtained.

Type of Premises.	No. of Treatments
Industrial	32
Farms	18
Sewage Works	2
Refuse Tips	10
Domestic	53
Shops	9

Number of Baiting Points	1220
Number of Poison Takes	797
Estimated number of Rats killed	992
Estimated number of Mice killed	197

All rodent control work is carried out in accordance with the suggestions laid down by the Infestation Division of the Ministry of Agriculture and Fisheries.

ATMOSPHERIC POLLUTION.

The number of smoke observations taken during the year are as follows :—

Number of observations taken	242
Number of cases in which the limit of 3 minutes in 30 was exceeded	4
Number of abatement notices served	2

Observations have continued with the Soot Deposit Gauge, Lead Peroxide Instrument and Daily Smoke Filter. The results obtained again compare very favourably with the surrounding districts. Three graphs have been included this year, which show very markedly the pronounced diminution of atmospheric pollution in the summer months. The average figure for the year of soot deposited is 15.25 tons per square mile per month, while the average figure for the summer months is 11.40 tons per square mile and the average figure for winter is 17.99. This gives a difference of $6\frac{1}{2}$ tons per square mile between summer and winter and one can infer in a general way that the difference is due to smoke from domestic fires.

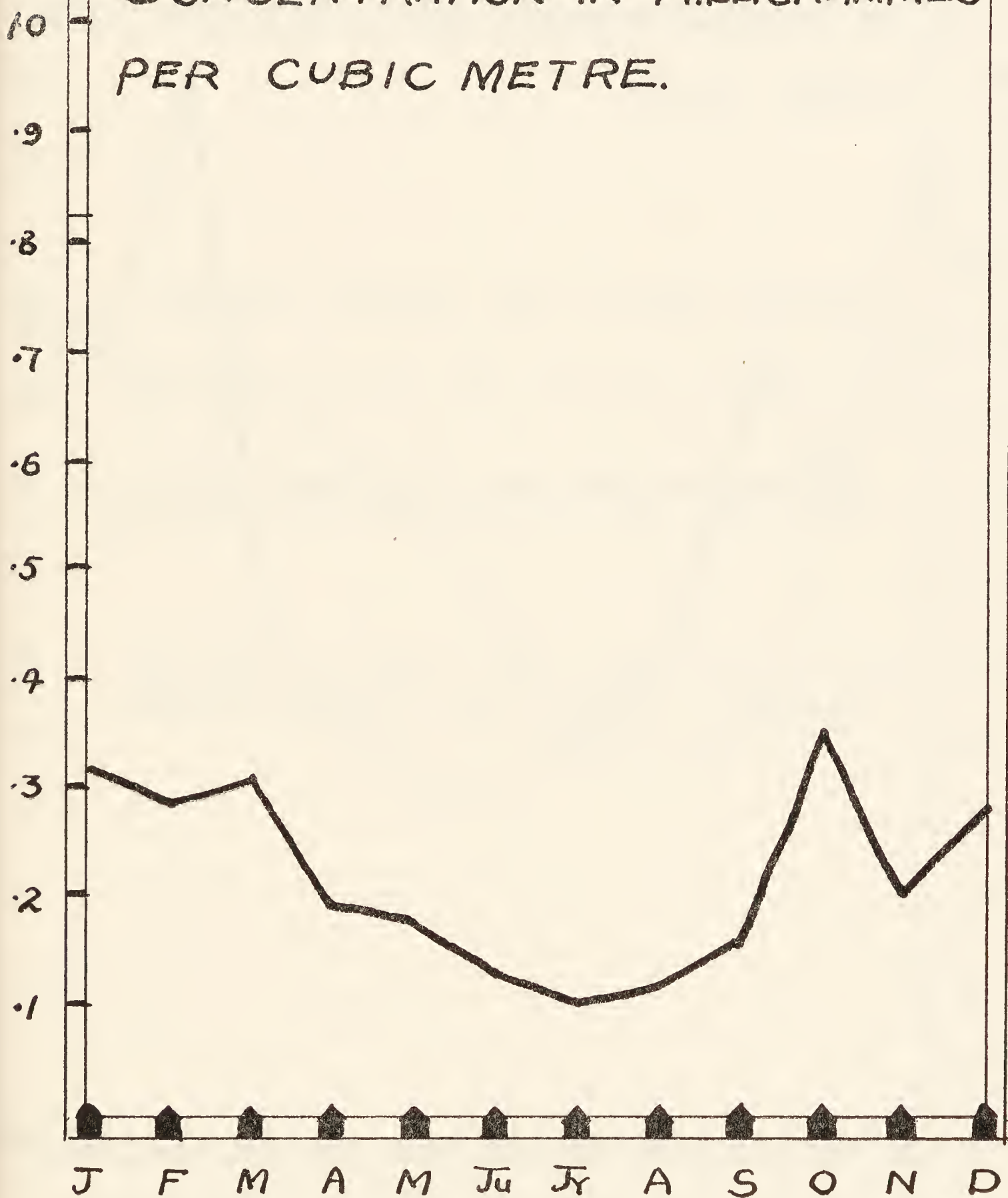
The graphs of Sulphur Dioxide and Smoke concentration show similar differences.

The smoke filter installed in my office continues to prove that there is little improvement in the atmosphere when the mills are shut, thus showing that most of the pollution is from the ordinary dwellinghouse chimneys, which of course, are far more numerous and at a lower level. This situation will persist until the existing apathy regarding atmospheric pollution is shaken, and until smokeless solid fuel and suitable grates are the rule in every house.

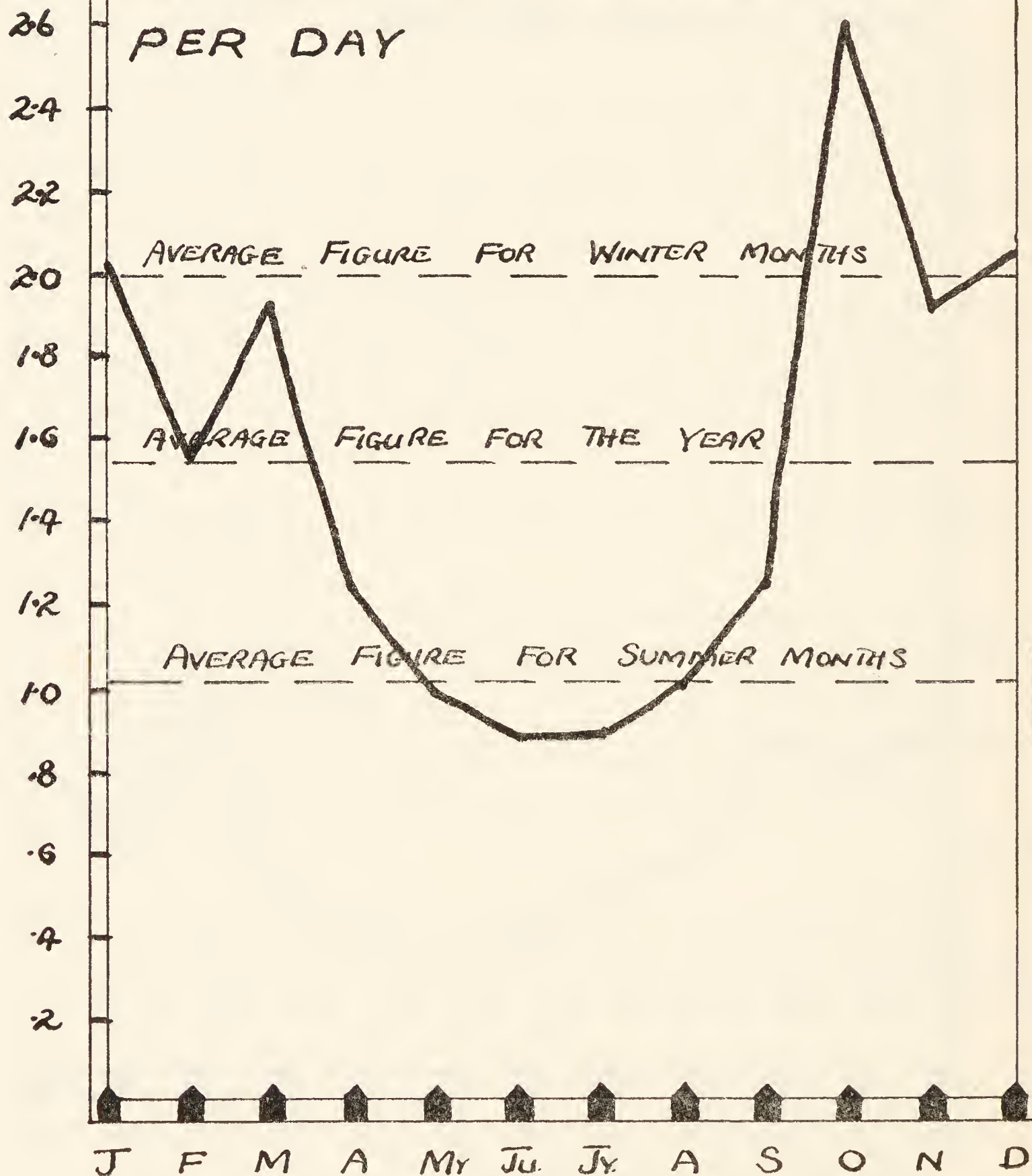
Industrial pollution is still aggravated to some extent by industrialists being unable to obtain the type of fuel for which their furnaces have been designed. There is a desire, however, in this quarter, to co-operate with the Health Department in their efforts to reduce contamination.

Elland forms part of the Constituent Area of the West Riding Regional Smoke Abatement Committee, of which your Chief Sanitary Inspector is a member of the Executive Committee.

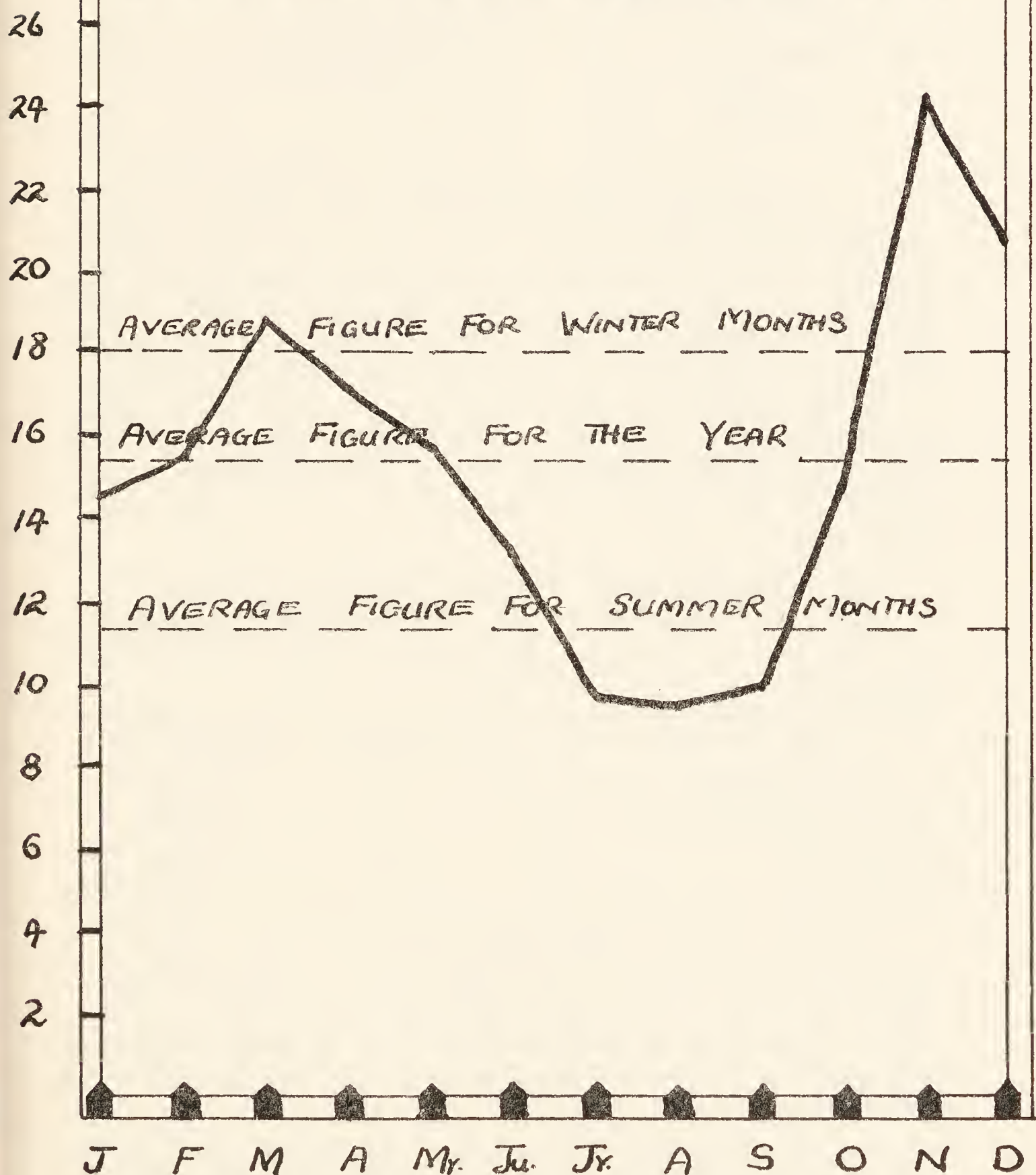
GRAPH SHEWING SMOKE CONCENTRATION IN MILLIGRAMMES PER CUBIC METRE.



GRAPH SHEWING SULPHUR DIOXIDE IN MILLIGRAMMES PER 100 SQ CMS. PER DAY



GRAPH SHEWING SOOT DEPOSIT IN TONS PER SQ MILE



FOOD INSPECTION AND SUPERVISION OF FOOD PREMISES.

MILK SUPPLY.

At the end of the year 14 Distributors of milk and one Dairy (not being part of a dairy farm) were registered.

Licences to retail designated milks were issued as follows :—

Tuberculin Tested	a) Dealers—10.
	b) Supplementary—2.
Pasteurised	a) Dealers—10.
	b) Supplementary—2.
Sterilised	a) Dealers—3.
	b) Supplementary—1.

CHEMICAL EXAMINATION OF MILK.

The requirements of the Food and Drugs Act, 1938, in connection with the examination of milk for quality and the detection of adulteration are carried out by the Weights and Measures Department of the West Riding County Council. Assistance is given by the Sanitary Inspectors in this work.

During the year 8 formal samples were taken from retailers and submitted for analysis by the Public Analyst. 7 were certified as genuine and 1 was certified as adulterated. No legal proceedings were instituted in this case and a warning was issued to the retailer.

BACTERIOLOGICAL EXAMINATION OF MILK.

During the year 70 samples of milk were submitted for bacteriological examination. The following gives details of the samples and results :—

Type of Milk.				Satisfactory.	Unsatisfactory.
T.T. (Certified)	...	...		7	None
T.T. (Pasteurised)	...	...		7	None
Pasteurised	...	...		13	None
Ungraded	...	...	...	43	7

Ungraded milks have been sampled at the expense of designated milks, owing to the high number of producer-retailers doing business within the district. The general standard of cleanliness of milk from these producer-retailers is very good, the bulk of unsatisfactory samples coming from one farm situated outside the Elland area.

All bacteriological and biological examinations are carried out at the Public Health Services Laboratory, Wakefield.

BIOLOGICAL EXAMINATION OF MILK.

Only 7 samples were taken during the year for biological examination. The number taken is regulated by the capacity of the Public Health Laboratory Service to examine them and it is desirable that more should be taken from such a district as this, with a high percentage of raw milk being sold. All the samples proved negative.

OTHER FOODS.

The following list gives the amount of unsound food certified by the Sanitary Inspectors and surrendered by the retailers :—

Imported Eggs—802.	Strained Baby Food—27 tins.
Boneless Cooked Ham—28 lbs.	Cheese—14 lbs.
Veal and Ham—7 ozs.	Salmon—3½ lbs.
Pork—12 ozs.	Brisling—15 ozs.
Ham Luncheon Meat—26 lbs.	Pilchards—2 lbs.
Tinned Tomatoes—10lbs. 9 ozs.	Tinned Peas—16 lb. 12 ozs.
Tinned Milk—28 lbs.	Tinned Blackberries—15 ozs.
Tinned Beans—5 lbs. 10½ ozs.	Tinned Apricots—1 lb. 14 ozs.
Tomato Soup—2 lbs. 8 ozs.	Tinned Pineapples—1 lb. 10 ozs.
Mushroom Soup—4 lbs. 6 ozs.	Tinned Cherries—78 lbs.
	Tinned Raspberries—13 ozs.
	Tinned Strawberries—2 lbs.
	Chocolate Marshmallows—8 lbs.

The general condition of the food premises within the area, including equipment utensils, etc. is on the whole quite satisfactory.

ICE CREAM.

At the end of the year 42 premises were registered under Section 14, Food and Drugs Act, 1938, for the manufacture or sale of ice-cream, an increase of 8 over last year's total.

73 inspections were made of these premises during the year, the conditions found being satisfactory, and 42 samples were submitted for bacteriological examination, with the following results :—

Grade 1—34.
Grade 2—7.
Grade 3—1.
Grade 4—None.

These figures show a distinct improvement on previous years and can be considered very satisfactory indeed. The samples taken were from as true a cross-section of the number of manufacturers retailing in the district as possible.

WATER SUPPLY.

During the year 68 water samples were taken, as follows :—

Public Water Supplies.			Satis- factory	Unsatis- factory
Chemical examination ...	...	...	17	3
Bacteriological examination ...	...	...	28	—
Private Water Supplies.				
Chemical examination ...	...	...	Nil	Nil
Bacteriological examination ...	...	...	8	Nil
Examination for Plumbo-Solvency	...	...	8	2

Two samples submitted were broken in transit.

In the case of the three unsatisfactory chemical samples of the Public Water Supplies, it was reported by the Public Analyst that the pH value was undesirably low and he recommended a stronger dosage of lime. Steps were taken by the Waterworks Department to remedy this state of affairs. In addition to the above samples, 2 chemical and 2 bacteriological samples were taken by the Public Analyst from the Public Baths. In the reports on both chemical samples, he commented on the low pH. value and advised that the acidity should be further neutralised in order to prevent discomfort to the bathers. Copies of these reports were forwarded to the Engineer and Surveyor, and I believe appropriate action has been taken.

SHOPS ACT.

During the year 81 visits were made to shops in the district, in order to enforce the health provisions of the Shops Act. These visits were mainly concerned with sanitary accommodation and cleanliness.

INFECTIOUS DISEASE AND DISINFECTION.

During the year 52 visits were made by the Sanitary Inspectors to cases of infectious disease and 13 disinfections were carried out after infectious disease. All bedding, etc. for disinfection and disinfestation by steam is now taken to the disinfector at Mill Hill Hospital, Huddersfield. This has resulted in a much reduced cost in disinfection, only a nominal sum being charged for each treatment.

DISINFESTATION.

The year has again showed a marked diminution in the number of dwellings treated for the presence of bed-bugs and fleas. Only one house was treated for bugs and two for fleas. Treatment consisted of spraying with Zaldecide and the use of Gammexane Smoke Generators. A number of complaints were received regarding cockroaches and wood-worm and these were dealt with. In all, 25 visits were made to verminous premises and 7 premises were given treatments.

SANITARY INSPECTION OF THE DISTRICT.

Complaints investigated	...	...	...	...	...	320
Nuisance inspections	...	...	...	...	...	228
Factories inspected	...	...	...	...	...	72
Shop inspections	...	...	...	...	...	81
Houses inspected :—						
Overcrowding	...	...	...	...	...	46
Housing Acts	...	...	...	...	...	297
Re-visits under Housing Acts	...	...	...	...	...	95
Public Health Acts	...	...	...	...	...	370
Re-visits under Public Health Acts	...	...	...	...	...	667
Verminous premises	...	...	...	...	...	25
Infectious diseases	...	...	...	...	...	52
Premises disinfested for vermin	...	...	...	...	...	7
Houses disinfected after infectious disease	...	...	...	...	...	13
House refuse removal inspections	...	...	...	...	...	830
Bakehouses inspected	...	...	...	...	...	29
Food complaints investigated	...	...	...	...	...	39
Visits to Ice-Cream premises	...	...	...	...	...	73
Ice-Cream samples taken for Bacteriological examination	...	...	...	...	...	42
Milk samples taken for Bacteriological examination	...	...	...	...	...	70
Milk samples taken for Biological examination	...	...	...	...	...	7
Milk samples taken for Chemical analysis	...	...	...	...	...	8
Water samples taken for Bacteriological examination	...	...	...	...	...	37
Water samples taken for Chemical analysis	...	...	...	...	...	21
Water samples taken for Plumbo-Solvency	...	...	...	...	...	12
Visits to food premises	...	...	...	...	...	67
Visits to licensed premises	...	...	...	...	...	65
Visits to slaughter houses	...	...	...	...	...	5
Inspections under Milk and Dairies Regulations	...	...	...	...	...	4
Smoke observations	...	...	...	...	...	242
Rodent control inspections and visits	...	...	...	...	...	981

SUMMARY OF SANITARY IMPROVEMENTS EFFECTED.

PUBLIC HEALTH ACTS, 1875—1936.

HOUSING ACTS, 1936—1949.

During the year the total number of inspections and visits made in all branches of the Department was 4,588. Under the Public Health Acts 121 informal notices and 3 statutory notices were served. 3 houses were represented by the Medical Officer of Health under Section 11 of the Housing Act. In the case of one house, the owner gave an undertaking that the house would not be re-let until certain works had been carried out.

A part of a house was dealt with under Section 12 of the Housing Act, 1936, the owner agreeing to close the dwelling as soon as it became vacant.

Altogether 211 statutory nuisances were abated during the year and 153 dwelling houses were rendered fit as a consequence of informal action by the Sanitary Inspectors.

The following is a summary of improvements effected :—

Interior of Houses.

Windows repaired and renewed	4
Fireplace fixtures renewed and repaired	4
Ceiling replastered	5
Walls replastered	8
New sinks provided	2
New sinks provided in place of stone sinks	5
Smoky chimneys abated	2
Sink waste pipes repaired or renewed	3
Sash cords renewed	14
Chimney flues repaired	2
Dampness of walls abated	12
Water gaining access to cellar abated	4
Sewage gaining access to cellar abated	2
Firebacks renewed and repaired	2
Floors repaired	3
Dirty houses cleansed	2
Sink waste pipe traps provided	2
Ovens repaired	2

Exterior of Houses.

Eaves gutters renewed or repaired	14
Decayed pointing renewed	6
Leaky roofs repaired	26
Rain water pipes renewed or repaired	12
Mastic pointing to windows renewed	5
Valley gutters cleansed or repaired	4
Chimney stacks repaired	2

Yards and Outbuildings.

Copper in wash-house repaired	1
Offensive accumulations removed	4
Pump repaired	1
Outbuildings rebuilt	1
Defective yard drainage reconstructed	3

Drainage.

Drains re-laid	2
Drains repaired	18
Drains cleansed from obstruction	17

Inspection chamber provided	...	...	...	...	1
New gullies provided	...	...	...	...	1
Soil pipe repaired	...	...	...	...	2
Sanitary Conveniences.					
Additional W.C's. provided	...	...	...	...	144
Flushing cisterns repaired	...	...	...	...	8
Walls repaired	...	...	...	...	2
W.C. pedestals renewed	...	...	...	...	4
Privy middens converted to water carriage	...	...	...	...	6
Waste water closets converted to water carriage	...	...	...	...	10
Pail closets converted to water carriage system	...	...	...	...	50
Roofs repaired	...	...	...	...	1
Privacy obtained	...	...	...	...	1
Tippler repaired	...	...	...	...	1
Urinals repaired	...	...	...	...	2
House Refuse Accommodation.					
New dustbins provided	...	...	...	...	475
Shops Acts.					
Premises cleansed	...	...	.....	...	1
Food Premises.					
Preparation rooms cleansed	...	...	...	...	1
Hot water supply provided	...	...	...	...	3
Miscellaneous.					
Keeping animals so as to be nuisance abated	...	...	...	...	2

OVERCROWDING.

The number of known cases of overcrowding remains almost static at 59, and 18 cases of overcrowding were relieved by re-housing in Council houses or other means.

It is interesting to note that since 1947, when the first new houses were completed after the war, 86 cases of overcrowding have been relieved out of a total of 170 new houses built.

The policy of the Council is, therefore, to be commended particularly as most of the other families re-housed in new Council houses were also living in unsatisfactory conditions, even though not legally overcrowded according to the standards laid down in the Housing Acts.

LICENSED PREMISES.

During the year a survey of all the licensed premises was undertaken, primarily with the object of supplying information to the Ministry of Works in order that they might give priority to licences for building works to be carried out for those premises most needing improvement.

In all, 46 premises were visited and conditions as regard sanitary conveniences, washing-up facilities and beer cellars, etc. were generally quite good.

In some cases it was thought necessary to get into immediate touch with the owners of premises where urgent work was required and in these instances work was carried out promptly.

A summary is given below of the number of premises where conditions fell short of a reasonable standard.

No. of premises without bar sink	2
No. of premises without separate W.C. for the use of males	10
No. of premises without separate W.C. for the use of females	7
No. of urinals without proper flushing apparatus ...	9
No. of premises without W.C's (i.e. not on water carriage)	6

KNACKERS YARDS.

One application was received during the year to use certain premises in the Greetland area as a Knacker's Yard. A report was submitted to the Health Committee and after due consideration, the application was refused.

There are no Knackers Yards in use in the Council's area.

PUBLIC CLEANSING.

The adoption of a Municipal Dustbin Service by the Council in 1950 as a charge on the General Rate Fund, has proved a great boon to the town. The day of the unsightly defective dustbin or insanitary ashpit has gone. Apart from the healthier conditions now prevailing, this has also made the work of refuse collection less objectionable to the refuse collectors themselves.

It is unfortunate that the use of galvanised iron has been prohibited for the manufacture of dustbins. Local authorities are now having to make do with an inferior type of painted metal bin, which of course, is not as serviceable or as durable as a galvanised one.

406 dustbins required replacing during 1951, this being done at a cost of £312. The scheme this year, therefore, cost less than 1d. rate as compared with a 1½d. rate in 1950. The drop in costs is, of course, mainly due to the unavoidable use of cheaper non-galvanised bins.

The entire area, with the possible exception of Stainland, is now served with an improved refuse collection service, and genuine complaints are almost non-existent. The Stainland area, by reason of its unsatisfactory sewerage system, remains rather a problem. At the beginning of 1951 there were 398 pail closets and 57 privies in Stainland. The difficulty is in obtaining suitable labour to satisfactorily undertake the cleansing of these objectionable conveniences. Fortunately the position will gradually ease as the Council's Conversion Scheme is carried out, and during the year 50 pail closets and 6 privies were converted to water closets.

The salvage of waste paper was re-commenced in November 1950, when high prices again made the project worth while. During 1951 the sales from waste paper realised the sum of £1337, or the equivalent of a 3½d. rate. It will be impossible to maintain this satisfactory figure, however, as at the time of writing this report the price paid for mixed waste has dropped from £16 to £8 10s. 0d. a ton. The profit made during the year enabled the Health Committee to purchase a 10 cwt. Fordson vehicle which is used for waste paper and waste food collection.

Waste food is collected twice weekly and taken to Halifax for processing at the Corporation's plant. It is unfortunate that the Ministry concerned still compel local authorities to collect kitchen waste. These communal food bins are a source of annoyance and complaint, are collected at a loss to the Council, and the whole scheme is contrary to the principals of public health.

At the present time the Council's house refuse is tipped at various tips in the area. These tips receive constant attention.

Owing to lack of weighing facilities, it is impossible to give accurate costings, but the following table shows the number of loads collected during the year :—

Vehicle.	House Refuse Removal.		Goux Tub Refuse Removal.		Waste Paper Removal.		Waste Food Removal.	
	Days	Loads	Days	Loads	Days	Loads	Days	Loads
2—2 Ton Motors	484¾	2235½	18	74	—	—	—	—
2—30 Cwt. Motors	379½	1385	207¼	724	—	—	—	—
1—30 Cwt. Motor (hired)	37¼	237	1¼	5	—	—	—	—
1—10 cwt. Fordson	35½	197	—	—	83¼	701	60½	121

The cost of public cleansing throughout the district during the year, including collection and disposal of salvage was £7,054. This figure includes the cost of a new wagon body.

